

JUL 19 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

18956

1. PLACE OF DEATH

County BooneRegistration District No. 73Township ColumbiaPrimary Registration District No. 3006City Columbia (No.)File No. Registered No. 117St. Ward

2. FULL NAME

(a) Residence, No. 603 N 4th St St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFLoula Armstrong

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 13 1847

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.87521

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

13. NAME

Dont know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Dont know

15. MAIDEN NAME

Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Dont know

17. INFORMANT (ADDRESS)

Miss Emma J. Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE RockyforkDATE June 6th 1935

19. UNDERTAKER (ADDRESS)

R. O. WillettColumbia Mo

20. FILED

6/6/1935Allie Selby

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4th 193522. I HEREBY CERTIFY, That I attended deceased from 6 - 2 - 1935 to 6 - 4 - 1935I last saw him alive on June 4 - 1935 Death is saidto have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

Endocarditis. Do not know

Other contributory causes of importance

Insufficiency of ageName of operation No Date of What test confirmed diagnosis? Steth Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19 Where did injury occur? No (Specify city or town, county, and State)

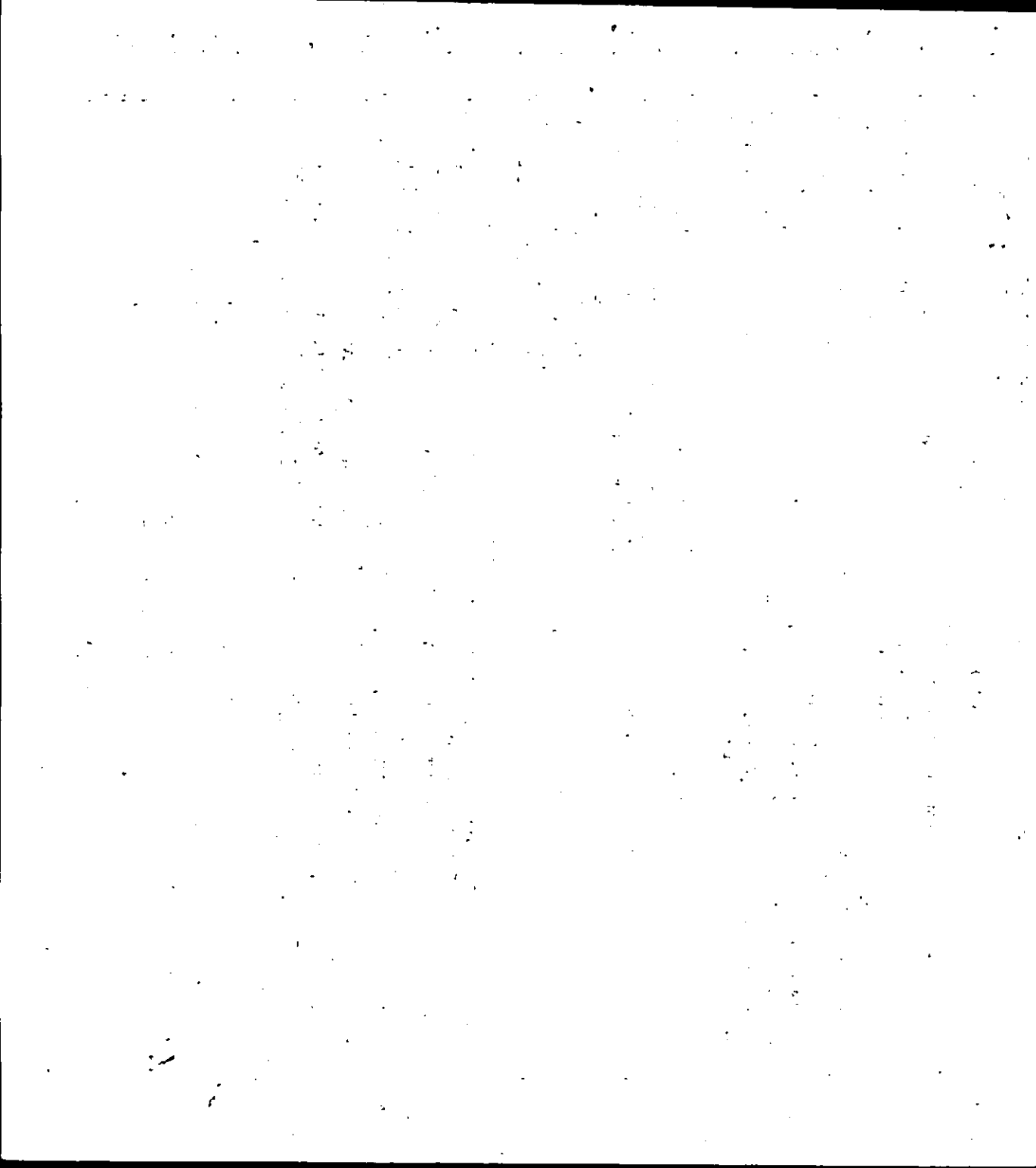
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoNature of injury No24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. D. Sykes, M. D.(Address) Columbia Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY

1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No.)

Registration District No. 73
Primary Registration District No. 3006

File No. 18956
Registered No.
St. Ward)

2. FULL NAME

James J. Armstrong
(a) Residence, No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1935

7. AGE YEARS 87 MONTHS 5 DAYS 10 LESS than 1 day hrs. min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 10/24/1935 Allice Selby Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1935

HEREBY CERTIFY That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on, 19..... Death is said

to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance were as follows:

Ends cordite OK

Chronic

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) W. P. Daymont, M. D.

(Address) Columbia, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

18956