

JUL 19 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

18962

1. PLACE OF DEATH

County Boone
 Township Columbia
 City Columbia (No. 75)

Registration District No. 75
 Primary Registration District No. 3006

File No. 127
 Registered No. 127 Ward)

2. FULL NAME

(a) Residence, No. 14 Paris Court St., Ward. (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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Armstrong
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-24-1886
 7. AGE YEARS 49 MONTHS 4 DAYS 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman
 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 James D. Armstrong
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Elizabeth Marsh
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT J. W. Armstrong
 (ADDRESS) 14 Paris Court

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville Park DATE 6-28, 1935

19. UNDERTAKER Parker Furniture Co
 (ADDRESS) Columbia, Mo.

20. FILED 6/28/1935 Allie Selby
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-26, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 26th, 1935, to June 26th, 1935
 I last saw him alive on June 26th, 1935 Death is said to have occurred on the date stated above, at 10 A. m.

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

Congestive Pectoris

Date of onset

Other contributory causes of importance
Rheumatism

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? no

If so, specify

(Signed) Boyd Simpson M. D.

(Address) Columbia Missouri

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.

