WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

Do not use this space.

JUL 18 1935

19008

1. PLACE OF DEATH

11 County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 633

5 City St. Joseph (No. Died enroute to Hospital Police Amb St. Ward)

2. FULL NAME George Armstrong

(a) Residence, No. 516 Messanie Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 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 OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1853

7. AGE: YEARS 82 — MONTHS unknown — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Well Digger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
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): Unknown Illinois

FATHER
13. NAME: Crawford Armstrong
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown illinois

MOTHER
15. MAIDEN NAME: Lucinda Rogers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown illinois

17. INFORMANT (ADDRESS): Laura Birk Oklahoma City, Oklahoma

18. BURIAL, CREMATION, OR REMOVAL: City Cemetery 6/25
PLACE St. Joseph, Mo. DATE June 15, 1935

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden 1802 Union Street, St. Joseph, Mo.

20. FILED 6-13-, 1935 John R Binder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1935, to June 12, 1935 (Viewed on)
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1/15 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis

Date of onset

Other contributory causes of importance: no facts

Name of operation none Date of
What test confirmed diagnosis? Clin Hist Was there an autopsy? no

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) Forrest Thomas Coroner, M. D.
(Address) 731 Faraon

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