

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.

JUL 20 1935

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

Do not use this space.

20644

1. PLACE OF DEATH

County Pettis

Registration District No. 602 E. 11 1/2

Township Sedalia

Primary Registration District No. 3032

City Sedalia

No. 602 E. 11 1/2

File No. 187

Registered No. 668

St. Sedalia Ward 4

2. FULL NAME

Carl Franklin Armstrong

(a) Residence, No. 602 E. 11 1/2 St. Sedalia Ward 4

(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

M

4. COLOR OR RACE

W

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

Single

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

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

Dec 1 - 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

6

3

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 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)

Sedalia Missouri

13. NAME

H. F. Armstrong

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

Clinton Mo

15. MAIDEN NAME

Elsie Farris

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

St. Louis Mo

17. INFORMANT (ADDRESS)

Mrs. F. S. Schmidt 913 N. 10th Sedalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE Clinton DATE 6-5-1935

19. UNDERTAKER (ADDRESS)

McLaughlin Bros Sedalia

20. FILED

6-5-1935 John Slack Registrar

MEDICAL CERTIFICATE OF DEATH

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

6/4

1935

22. I HEREBY CERTIFY, That I attended deceased from

6-3

1935 to 6-4

1935

I last saw him alive on 6-4 1935 Death is said

to have occurred on the date stated above, at 10:45 A

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

Malignant Purpura (Hemorrhagic)

Date of onset

6/3/35

Other contributory causes of importance

Name of operation

Date of no

What test confirmed diagnosis? Chloroform 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 no 1935

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)

J. W. Boger

M. D.

(Address)

Sedalia, Mo.

