APR 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 9364

Township ~~Washington~~ — Primary Registration District No. 1001 — Registered No. 369

City St. Joseph, Mo. (No. St. Joseph's Hospital St. Ward)

2. FULL NAME EDWARD ARMSTRONG

(a) Residence, No. IIIN. 2nd. St. Joseph Mo. 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): Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1865

7. AGE — YEARS: 71 — MONTHS: 1 — DAYS: 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
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) St. Joseph Mo.

FATHER

13. NAME Wm. P. Armstrong
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Lewis Armstrong Wathena, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE March 12, 1936

19. UNDERTAKER (ADDRESS) FLEEMAN & SON INC. 1946 Calhoun

20. FILED MAR 12 1936, 19 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 th, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1936, to March 7, 1936

I last saw him alive on March 7, 1936. Death is said to have occurred on the date stated above, at 6.30 A.

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

Pneumonia, lobar, right — Date of onset

11a

Other contributory causes of importance:

Influenza - 10 days

Name of operation none Date of

What test confirmed diagnosis? findings 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) [signature], M. D.

(Address) Phys. & Surg. Bldg., St. Joseph, 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.

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