

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.

WHITE-PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

JUL 25 1936

20314

1. PLACE OF DEATH

County W. H.

Registration District No. 668

Township Sedalia

Primary Registration District No. 3232

City Sedalia (No.         )

File No. 178 80

Registered No. 668

St.          Ward         

2. FULL NAME

(a) Residence, No. 1305 S. Missouri 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

M

4. COLOR OR RACE

Col

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)

July 12 - 1906

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

19

10

17

OCCUPATION

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

Student

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

Public School

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  
Putnam Mo.

FATHER

13. NAME

William Armstrong

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

don't no  
don't no.

MOTHER

15. MAIDEN NAME

Myrtle Brown

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

Sedalia  
Mo.

17. INFORMANT (ADDRESS)

Myrtle Armstrong  
Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dresden Mo. DATE June 3 1936

19. UNDERTAKER (ADDRESS)

F. W. Ferguson  
Sedalia

20. FILED

6-4 1936 Jesse Slack  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 - 1936

22. I HEREBY CERTIFY, That I attended deceased from the body 1936 to 5:28 1936

I last saw h. alive on 5:28 1936 Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Parasitism  
Tuberculosis

Date of onset

Other contributory causes of importance:

Chronic Poison

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external cause (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)

(Address)

E. J. Sawyer, M. D.

