

DEC 4 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

38762

## 1. PLACE OF DEATH

County RandolphRegistration District No. 730

Township

Primary Registration District No. 3634

City

(No. 467)Woodland

File No. ....

Registered No. 221

St. .... Ward) .....

## 2. FULL NAME

(a) Residence, No. 467 Woodland

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

Female

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

Chas E. Armstrong

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

Dec 22<sup>nd</sup> 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

59926

OCCUPATION

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

at home

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)

Ill

FATHER

13. NAME

Albert Hayden

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

Ind.

MOTHER

15. MAIDEN NAME

Hannah Conlisk

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

Ill

17. INFORMANT (ADDRESS)

Chas E. Armstrong  
Woodland Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Woodland Mo

DATE

10-20<sup>th</sup>

1936

19. UNDERTAKER (ADDRESS)

W. A. Brown and Son  
Woodland Mo

20. FILED

10/20

1936

Virginia Walker

Registrar

## MEDICAL CERTIFICATE OF DEATH

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

Oct 18<sup>th</sup>1936

22. I HEREBY CERTIFY, That I attended deceased from

and when called (over line), 19.....

I last saw him ..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at 7:30 a.m.

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

Indeterminate

Date of onset

Other contributory causes of importance:

Protoplasmic degeneration

Name of operation

Date of

What test confirmed diagnosis

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?

If so, specify

(Signed)

Malcolm Conway

M. D.

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.

