

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.

DEC 30 1936

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

Do not use this space.

42268

1. PLACE OF DEATH

County Randolph Registration District No. 735
Township Swain Primary Registration District No. 3034
City St. Louis (No. 5877)

File No. _____
Registered No. 245
St. _____ Ward _____

2. FULL NAME

Lavinia Armstrong

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Armstrong</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 16th 1855</u>		
7. AGE <u>81</u>	YEARS <u>2</u>	MONTHS <u>27</u>
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Livingston B Mallory</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		
15. MAIDEN NAME <u>Salitha Young</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		
17. INFORMANT (ADDRESS) <u>Mrs J. S. Nixon</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Macedonia</u> DATE <u>Nov 15th 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Mahan and Son</u>		
20. FILED <u>11/15</u> 1936 <u>Myrtle M. Bell</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936, to Nov 12th 1936
I last saw her alive on Nov 12th 1936 Death is said to have occurred on the date stated above, at 4:30 m.
The principal cause of death and related causes of importance were as follows:
Carcinoma Left Breast
Date of onset 1 yr.

Other contributory causes of importance: 50

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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) Martin P. Hunter, M. D.
(Address) 300 1/2 W. Kemp St
Myrtle M. Bell

