

FEB 25 1937

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

Do not use this space.

1385

## 1. PLACE OF DEATH

4 County Jackson  
11 Township Kaw  
17 City Kansas City (No. St. Joseph Hospital)

Registration District No. 399  
Primary Registration District No. 1002

File No. 5  
Registered No. 1120  
St.          Ward         

## 2. FULL NAME

Ralph Armstrong

(a) Residence, No. 5546 Paseo St.          Ward           
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Nellie M. Armstrong

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 10 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. employed Sewall Paint Co.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 47  
10. Date deceased last worked at this occupation (month and year) Nov. 28, 36. 11. Total time (years) spent in this occupation 6 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Streeper Ill.

13. NAME Salem Armstrong

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

15. MAIDEN NAME Jennie Miller

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

17. INFORMANT Mrs. Nellie M. Armstrong (ADDRESS) 5546 Paseo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ancona Ill. DATE Jan. 13, 37

19. UNDERTAKER D.W. Newcomer's Sons (ADDRESS) Brushcreek & Paseo

20. FILED Jan 12 1937 M. M. Brown Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1934 to Jan 11 1937

I last saw him alive on Jan 10 1937 Death is said to have occurred on the date stated above, at 9:50pm

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

Coronary Thrombosis Date of onset 11-28-36

Other contributory causes of importance:

Chronic Myocarditis  
Arterio Sclerosis

Name of operation          Date of           
What test confirmed diagnosis? Th. 10. 10. 36 Was there an autopsy? Yes

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) R. H. Anderson, M. D.  
(Address) 724 Ogden Bldg

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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.

Atgyle Bldg

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