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.

MAR 13 1937

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

Do not use this space.

6545

File No.
Registered No.

1. PLACE OF DEATH
County. Jackson
Township. Kaw
City. Kansas City (No. St. Marys Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Robert M. Armour

(a) Residence, No. 4718 Virginia 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. 3 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*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28 1912

7. AGE: Years 24 | Months 4 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supply Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K.C. Southern
10. Date deceased last worked at this occupation (month and year) 2-, 1937
11. Total time (years) spent in this occupation 10 Weeks

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Collbren Colo

FATHER
13. NAME Lee Garner Armour
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Cynthia Cooper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neb.

17. INFORMANT (ADDRESS) Will T. Armour 4718 Virginia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Collbren Colo DATE 2-21, 1937

19. UNDERTAKER (ADDRESS) H. W. Newcomer's Son Brush Creek & Paseo

20. FILED 2-21, 1937 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-12-, 1937, to 2-20-, 1937
I last saw h. alive on 2-20-, 1937. Death is said to have occurred on the date stated above, at 4:50 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Salpingitis
Pelvic Peritonitis
Beginning in upper left Pelvic

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury, 19
Where did injury occur? 0
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible], M. D.
(Address) 800 Argyle