

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City

(No. *East Route City Hospital # 2*)

File No. 8563

Registered No. 2118

St.

Ward)

2. FULL NAME *Henry Armour*(a) Residence, No. *1122 1/2 23rd* St. *21* 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Beulah Armour*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1868 - Nov. 23*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *70 2 21*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *labor*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *labor*10. Date deceased last worked at this occupation (month and year) *6/1 1935*11. Total time (years) spent in this occupation *life*12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *La 2*13. NAME *Ed Armour* 3114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri 2*15. MAIDEN NAME *Charlotte Williams*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *La*17. INFORMANT *Beulah Armour* (ADDRESS) *1122 1/2 23rd*18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Elizabeth* DATE *3-5* 1919. UNDERTAKER *St. Elizabeth* (ADDRESS) *3054*20. FILED *1122 1/2 23rd* 19 *38* *J. H. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/13* 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at *11:20 A.*

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

Cerebral Apoplexy
arterio-sclerosis

Other contributory causes of importance:

JA

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) *Joseph M. Zimm*(Address) *Deputy coroner*

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.

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