

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.

APR 16 1937

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

Do not use this space.

11525

1. PLACE OF DEATH

County Cass
Township Index
City (No.)

Registration District No. 4088
Primary Registration District No. 4088

File No.
Registered No. 4088
St. Ward

2. FULL NAME

Margaret Ellen Armstrong

(a) Residence. No. Garden City St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Charles Christopher Armstrong

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

1-17-1871

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>65</u>	<u>1</u>	<u>6</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Benton County

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

John Blake

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Emma Berryman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

14. INFORMANT

(Address)

The Children

15.

Apr 23, 1937 Gov. Griffith

MEDICAL CERTIFICATE OF DEATH

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

Feb 23 1937

17.

HEREBY CERTIFY that I attended deceased from Feb 20 to Feb 23, 1937 that I last saw him alive on Feb 23, 1937 and that death occurred, on the date stated above, at 11:07 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY)

Diabetes Mellitus

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

at home

DID AN OPERATION PRECEDE DEATH?

no

WHAT TEST CONFIRMED DIAGNOSIS

Chemical & physical
(Signed) Gov. Griffith M. D.
, 19 (Address) Garden City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Griffiths & Ryan Apr 24 1937
UNDERTAKER ADDRESS
J.M. Keuffner Garden City Mo

