MAY 28 1937

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

Do not use this space.

1. PLACE OF DEATH
County Monroe — Registration District No. 582 — File No. 17019
Township — Primary Registration District No. 4344 — Registered No. 16
City Paris (No. ..., ... St. ..... Ward)

2. FULL NAME Hugh Armstrong
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Armstrong
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1879
7. AGE YEARS 57 MONTHS 8 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Missouri

FATHER
13. NAME John Armstrong
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER
15. MAIDEN NAME Kathrine Shim
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. K.

17. INFORMANT (ADDRESS) Mrs. Jennie Armstrong Paris Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Walnut Grove DATE 4-9, 1937
19. UNDERTAKER (ADDRESS) Speed & Blakey Paris, Mo.
20. FILED APR 8 1937 H. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8, 1937
22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1933, to Apr 8, 1937
I last saw him alive on Apr 7, 1937. Death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:
Cardiac Hypertrophy with degeneration of myocardium resulting
Date of onset 4/4
Other contributory causes of importance:
—
—
93C
Name of operation — Date of
What test confirmed diagnosis? Clinical Signs 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) H C Payne, M. D.
(Address) Paris, Missouri

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

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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