

SEP 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Butler

2

Registration District No. 89

Township

City Paplar Bluff (No. 1)Primary Registration District No. 3007File No. 30250Registered No. 206

St. \_\_\_\_\_ Ward)

## 2. FULL NAME

(a) Residence, No. 818 Maple St Paplar Bluff Mo

(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. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Armstrong6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 20 18627. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 75 4 68. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mill Worker

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) May 193111. Total time (years) spent in this occupation 27 yrs12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Mrs. Maggie Armstrong(ADDRESS) 818 Maple St Paplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Black Creek Cem DATE Aug 28 193719. UNDERTAKER N.T. Phelps(ADDRESS) Paplar Bluff Mo20. FILED 8/28 1937 Obstetrical Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 193722. I HEREBY CERTIFY, That I attended deceased from 8-24 1937 to 8-26 1937I last saw him alive on 8-24 1937. Death is said to have occurred on the date stated above, at 4 a.m.

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

Chronic interstitial nephritis Date of onsetOther contributory causes of importance: hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 1

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) [Signature], M. D.(Address) [Address]

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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