

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.

OCT 20 1937

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

Do not use this space.

34548

1. PLACE OF DEATH

County Jefferson
Township Valle
City De Soto (No. _____, St. _____, Ward _____)

Registration District No. 420
Primary Registration District No. 3022

File No. _____
Registered No. _____

2. FULL NAME

James S. Armstrong
(a) Residence, No. R R 1 130274 St. _____ Ward _____
(Usual place of abode) De Soto (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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 Mary Josephine Telly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 3 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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) Missouri

13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Josephine Armstrong

18. BURIAL, CREMATION, OR REMOVAL PLACE City DATE Sept 15 1937

19. UNDERTAKER (ADDRESS) Motherhead

20. FILED 10/19 1937 Jessie Danell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 30, to Sept 12, 1937

I last saw him, alive on Sept 11, 1937 Death is said to have occurred on the date stated above, at 1:20 p.m.

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

Blood clot on brain & paralysis and stroke
Date of onset Sept 11/37

Other contributory causes of importance: Arterio Sclerosis 10 yrs

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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 F. A. Elders, M. D.
(Signed) F. A. Elders
(Address) De Soto Mo

