NOV 16 1937

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

Do not use this space.

File No. 37341

Registered No. 327

1. PLACE OF DEATH
County: Cape Girardeau
Registration District No.: 1124
Primary Registration District No.: 3099
Township:
City: Cape G. (No. Tolle Cast Mo Hosp St. Ward)

2. FULL NAME: L. E. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): W

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~: Nellie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept-10-1886

7. AGE: YEARS 51 MONTHS 1 DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mgr. Tavern
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): Garland - Illinois

FATHER
13. NAME: Jerry Armstrong
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Mary Bain
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Frank Armstrong

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Elmwood Cemetery DATE: 10/12 1937

19. UNDERTAKER (ADDRESS): Bruntz & Howell Cape Girardeau Mo

20. FILED 10-12 1937 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/12 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/4, 1937, to, 19..
I last saw him alive on 10/12, 1937. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Coronary Thrombosis~~	
Pneumonia Lobar	
108	

Other contributory causes of importance:
Valvular heart disease

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:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) O. L. Sedeau M. D.
(Address) Cape Girardeau

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

37341
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1. PLACE OF DEATH
(a) County Cape Girardeau Registration District No. 128
(b) Township Primary Registration District No. 3009 Registered No.
(c) City Cape G. (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leonard Earl Armstrong
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE: YEARS 31 | MONTHS 1 | DAYS 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

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

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Frank Armstrong
(ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED 19
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/12 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 ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

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 .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) D. Leabaugh, M. D.
(Address) Cape Bonnie Bu

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-37341