

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.

REC'D APR 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Barn

Township

City Monett(No. 2)Registration District No. 30Primary Registration District No. 3003File No. 10029Registered No. 15

St. _____ Ward)

2. FULL NAME

(a) Residence, No. 705-4th

(Usual place of abode)

St. _____ Ward.

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Nancy Olive Armstrong

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

July 12, 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

72726

OCCUPATION

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

Retired Greenman

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)

Ill.

MOTHER FATHER

13. NAME

William Armstrong

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

England

15. MAIDEN NAME

Fannie Shaul

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

Ireland

17. INFORMANT (ADDRESS)

Mrs. John Bousher, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE S. O. G. Cemetery DATE March 9, 1938

19. UNDERTAKER (ADDRESS)

Blankenship's, Monett, Mo.

20. FILED

3-9-38W. M. West

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 193822. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1938 to March 8, 1938I last saw him alive on March 8, 1938. Death is said to have occurred on the date stated above, at 1:40 A.M.

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

Cerebral Occlusion

Date of onset

not attached Jan 4, 38Hypertensive pneumonia

Other contributory causes of importance:

94 B.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Frank H. Kern, M. D.(Address) Monett, Mo.

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