

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.

DEC'D MAY 16 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cass
 Township Pleasant Hill
 City _____ (No. _____)

Registration District No. 157
 Primary Registration District No. 5221

File No. 14310
 Registered No. 18 17
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (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 Female 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

Joseph Armstrong

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
77 2 18

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

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) Lexington
 (STATE OR COUNTRY) Massachusetts

13. NAME John Allen

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

15. MAIDEN NAME Sarah (unknown)

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

17. INFORMANT Mrs. E. Rafferty
 (ADDRESS) Pleasant Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Pleasant Hill DATE 4-11-1938

19. UNDERTAKER A. A. Nofsinger
 (ADDRESS) Pleasant Hill, Mo.

20. FILED 4-14-1938 Mrs. Etta M. Aldridge
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1938, to Apr. 9, 1938

I last saw him alive on Apr. 6, 1938. Death is said to have occurred on the date stated above, at 12:15 P. M.

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

Senile Dementia

Other contributory causes of importance:

162

Name of operation _____ Date of _____

What test confirmed diagnosis? ✓ Was there an autopsy? 10

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) J. V. Murray, M. D.

(Address) Pleasant Hill, Mo.

