

REC'D MAY 11 1938

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

15046

Do not use this space.

1. PLACE OF DEATH

(a) County Leflore
(b) Township Lebanon
(c) City LebanonRegistration District No. 449Primary Registration District No. 4467(d) Street No. Wallace St. 3017 A-1

(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 Ellis Armstrong(a) Residence, No. 652

(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

Male

4. COLOR OR RACE

White

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

Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rula Armstrong6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1 1890

7. AGE

YEARS

MONTHS

DAYS

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

48116

OCCUPATION

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

Farmer

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) Shadwin Co Michigan

FATHER

13. NAME W W Armstrong14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenwell Michigan

MOTHER

15. MAIDEN NAME Freddie Rhodes16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan17. INFORMANT (ADDRESS) Lester Armstrong
Lebanon Mo18. BURIAL, CREMATION, OR REMOVAL Lebanon Mo DATE Apr 30 193819. FUNERAL DIRECTOR (ADDRESS) Ed Stewart
Lebanon Mo20. FILED 5-2-38 1938 JA McCreesh
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28 193822. I HEREBY CERTIFY, That I attended deceased from March 16 th, 1938, to April 28 th, 1938.I last saw him alive on April 28 th, 1938. Death is said to have occurred on the date stated above, at 5 P. M.
The principal cause of death and related causes of importance were as follows:Sub-phrenic abscessDate of onset 3/14/38

Other contributory causes of importance:

Name of operation Laparotomy Date of 3/16/38
What test confirmed diagnosis? operation 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) P. T. Thompson(Address) Lebanon Mo

M. D.

(Licensed Embalmer's Statement on Reverse Side)

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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STATEMENT BY LICENSED EMBALMER

I, E N Stewart, Licensed Embalmer No. 1885

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E N Stewart

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed E N Stewart

Licensed Embalmer No. 1885

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

15-046
Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 449
(b) Township _____ Primary Registration District No. 4267 Registered No. _____
(c) City Lebanon (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 Ellis Armstrong

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 MONTHS DAYS If LESS than 1 day, hrs. or min.
48 1 16

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

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) Apr 28 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw him 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:

Subphrenic Abscess Date of onset _____

Other contributory causes of importance:

Perforated gastric ulcer.

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) P. T. Thompson, M. D.

(Address) Lebanon Mo

