

REC'D JUN 23 1938

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

Do not use this space.

19260

1. PLACE OF DEATH

County Polk Registration District No. 708
 Township McKinley Primary Registration District No. 5937-b
 City (No. _____) _____ St. _____ Ward _____

File No. _____

Registered No. 16

2. FULL NAME

Byrd Armstrong 652
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
70 8 17

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) Mo.13. NAME Rubin Armstrong14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.15. MAIDEN NAME Elizabeth Gentry16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT (ADDRESS) Ruth Armstrong
Bellevue Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wayne DATE April 31, 1938

19. UNDERTAKER (ADDRESS) Blair
Bellevue Mo20. FILED 5/20, 1938 W. J. Zimm alt. 636
Registrar. (Address) Bellevue Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 193822. I HEREBY CERTIFY, That I attended deceased from April 20, 1938, to April 30, 1938I last saw him alive on April 30, 1938. Death is said to have occurred on the date stated above, at 4:30 p. m.The principal cause of death and related causes of importance were as follows:
Leucobacillary Date of onset _____Other contributory causes of importance: none

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 _____, 1938

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) W. J. Zimm, M. D.(Address) Bellevue Mo

THIS IS A PERMANENT RECORD

WRITE PLAIN

1 X 3314

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.

