

REC'D JUN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Putnam
Township Richland
City Richland

Registration District No. 722

Primary Registration District No. 5953

19277

File No. 5
Registered No. 5
St. 159 Ward

2. FULL NAME

Fred Armstrong

(a) Residence, No. 159 St. 159 Ward 159

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Helen Armstrong</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 15-1889</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>0</u>	DAYS <u>29</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>March 1938</u>	
11. Total time (years) spent in this occupation <u>50</u>		
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Genoa New York</u>	
	13. NAME <u>William Armstrong</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Genoa New York</u>	
	15. MAIDEN NAME <u>Sarah Jane Convey</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
17. INFORMANT (ADDRESS) <u>W. M. Hill</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Thompson</u> DATE <u>May 15-1938</u>		
19. UNDERTAKER (ADDRESS) <u>Christie Mack Co Unionville, Mo</u>		
20. FILED <u>June 10, 1938</u> <u>W. M. Hill</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1938

22. I HEREBY CERTIFY, That I attended deceased from April 16 1938 to May 14 1938
I last saw him alive on May 6 1938 Death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis

Other contributory causes of importance:
Hypertension, Coronary Artery Disease

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) J. H. Nelson M. D.
(Address) Unionville, Mo

