

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 JUN 9 1938

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

19304
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 733
(b) Township Primary Registration District No. 3034 Registered No. 111
(c) City Moberly (d) Street No. 467 Woodland 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

Charles E. Armstrong
(a) Residence, No. 467 Woodland St. Mo (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 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25th 1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Building Contractor
9. Industry or business in which work was done, as saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME Alex Armstrong

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

MOTHER 15. MAIDEN NAME Kate Maloney

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

17. INFORMANT (ADDRESS) Mildred Armstrong
Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly DATE May 30th 1938

19. FUNERAL DIRECTOR (ADDRESS) Indian and Son
Moberly Mo

20. FILED May 31 1938 Ethel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29th 1938

22. I HEREBY CERTIFY, That I attended deceased from May 28th 1938 to May 28th 1938

I last saw him alive on May 28, 1938 Death is said to have occurred on the date stated above, at 1:15 a.m.
The principal cause of death and related causes of importance were as follows:

Diabetic Coma. Date of onset May 27

Other contributory causes of importance:

Diabetes

Name of operation NO Date of
What test confirmed diagnosis? Clinical 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) [Signature], M. D.
(Address) Moberly, Mo.

STATEMENT BY LICENSED EMBALMER

I, _____

Frank S. DeWitt

Licensed Embalmer No. *3821*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____ *me*

_____ L. E. _____

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Frank S. DeWitt

Licensed Embalmer No. _____

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.)