

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very im-
 portant. See instructions on back of certificate.

CERTIFICATE OF DEATH

Oklahoma State Board of Health

BUREAU OF VITAL STATISTICS

Oklahoma City, Okla. 25632

Register No. 212525632

1. PLACE OF DEATH
 County Delaware
 Township REC'D AUG 11 1938
 Village _____

Registration Dist. No. 21156
 Primary Dist. No. 21257

411
 2002

City Joplin Mo or No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number.)
 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.

2. FULL NAME Ruth Marie Armstrong
 (a) Residence: No. near O.T. Airfield, Flog Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/14/1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1937 to 4/14 1938
 I last saw him alive on 4/14 1938 death is said to have occurred on the date stated above, about 3 P.M.

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

Tubercular meningitis Date of onset _____

Other contributory causes of importance: Undulant Fever

Name of operation None Date of _____

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? no 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

Signed W. Mitchell Glegg, M.D.
 (Address) Joplin Mo

3. SEX fe 4. Color of Race white 5. Single Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Mar 14 1917

7. AGE 21 Years Months _____ Days 28 IF LESS than 1 day _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (months, years) _____ 11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (City or Town) Near Wyandotte (State or Country) Oklahoma

13. Name Harney Armstrong

14. BIRTHPLACE (City or Town) Ottawa Co Okla (State or Country) _____

15. MAIDEN NAME Lucie Dawson

16. BIRTHPLACE (City or Town) Ottawa Co Okla (State or Country) _____

17. INFORMANT Harney Armstrong (Address) Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL Place Council Bluffs Date 4/15 1938

19. UNDERTAKER Council Bluffs Funeral Home (Address) Bray Okla

20. FILED 5-7 1938 Wm. E. Woodard Registrar

OCCUPATION Mother Father

United States Standard

Statement of occupation—Precise statement of occupation pursuits can be known. Make some entry in this section for those who were tired from business, report the occupation prior to retirement, or at home. For a woman whose only occupation was that of her own home in answer to Question 9. For a person engaged in an occupation by the appropriate terms, as servant—private family cook—hotel-

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "general kind of work done and return that, as spinner, weaver,

In stating the industry or business, avoid the use of such general terms as "store, factory, mill, etc., as grocery store, soap factory,

Distinguish carefully the different kinds of engineers by such terms as "civil engineer, mining engineer, stationary engineer, etc. Avoid the use of the word "mechanic" but give the particular title. Distinguish carefully between retail merchants and wholesale man and not a clerk.

Statement of cause of death—Cause of death means the disease of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name earlier morbid conditions, if any, related to the principal cause. Under other contributory causes of importance,

Example I

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

	Date of Onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921

Cereb

STATE HEALTH DEPARTMENT

State Capitol

Oklahoma City, Okla.

Other

Galls

To:

Death

the relative healthfulness of various occupations or over. If the deceased had been re-employed may be returned as at school or at home in answer to Question 8 and 9, however, designate the occupation followed if no occupation whatever, write none.

"operative," etc. Find out the particular

factory," "mill," etc. State the particular

titles, as civil engineer, mechanical engineer, etc. State the precise statement of the occupation, as carpenter, painter, machinist, etc. A person who sells goods should be called a sales-

man, not the mode of death, not the mode of disease or injury causing death. As related any important complication of the disease or injuries. Examples:

Example II

death and related causes of importance were as follows:

	Date of Onset
	1 week ago
	1 week ago
	3 days ago
Other causes of importance:	
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

DEPARTMENT OF COMMERCE

Mrs. Alice L. Talbot,
Special Agent,
Oklahoma City, Okla.

Division of
Vital Statistics

BUREAU OF THE CENSUS

WASHINGTON

Reg 2125-

Doctor:

In order to classify intelligently causes of death it is essential that we have most specific information obtainable. We therefore request that you supply us any additional information that you may have relative to the following case. Items lacking are indicated by check marks.

Ruth Marie Armstrong who died Apr. 4/38

Applia Ms. ? Principal Cause of Death is given as

Please name City & County
Applia, Missouri, Jasper County
where death occurred?

Her home was near Turkey Ford in Delaware Co.

Other contributory causes of importance

Was it in Okla. or Missouri? Ms.

Date of operation _____ Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

If death was due to external causes (violence) fill in also the following:

Was it accident, suicide, or homicide? _____ Date of injury _____, 19____

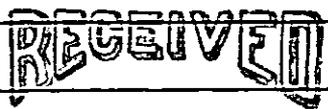
Where did injury occur? _____

(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 _____



MAY 19 1938

Any disease or injury in any way related to occupation of deceased? _____

Other information, specify _____

THE STATE BOARD OF HEALTH
OF MISSOURI

The information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Special Agent.

S-25632

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