

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MOISS SEP 19 1938

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

Do not use this space.

29863

82

1. PLACE OF DEATH

County Repley Registration District No. 751
Township North Verney Primary Registration District No. 5942
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 1375

2. FULL NAME

Clifford Armusky
(a) Residence, No. _____ St. _____ Ward _____
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-26 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1938, to Aug 26 1938
I last saw her alive on Aug 25 1938. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/26-38

Victoria fever Date of onset _____

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 11 0 0 0 0

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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 0

Other contributory causes of importance: age 38

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

Name of operation none Date of _____
What test confirmed diagnosis? culture Was there an autopsy? no

MOTHER FATHER
13. NAME Floyd Armusky

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)

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

Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

15. MAIDEN NAME Clara Timmons

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

17. INFORMANT Floyd Armusky (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Center Hill DATE 9/27 1938

19. UNDERTAKER Mish (ADDRESS) _____

20. FILED Sept 2 1938 St. Louis Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) St. Louis M. D.
(Address) Repley Mo.

Lambert's # 929 - 3 ft
Barnard permit - by white
11 above last night

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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Do not use this space.

1. PLACE OF DEATH
 (a) County Ripley Registration District No. 75-1
 (b) Township Garner Primary Registration District No. 3992 Registered No. 82
 (c) City..... (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 Clifford Ormsby
 (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 s
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sept 26 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9 26 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 11

OCCUPATION
 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)

FATHER
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)
 20. FILED Oct 8 1938 Local Registrar

MEDICAL CERTIFICATE Clifford Ormsby 1937

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9 26 1937

22. I HEREBY CERTIFY, that I attended deceased from to , 19 .
 I last saw h. 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:

 Other contributory causes of importance:

 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) H. E. White, M. D.
 (Address) Naylor

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

It is the policy of the State Board of Health to issue certificates of death only to persons who are properly classified. It is the policy of the State Board of Health to issue certificates of death only to persons who are properly classified.

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