

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.

NOV 27 1938

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

Do not use this space.

36926

1. PLACE OF DEATH

County Saline

Registration District No. 801

Township

Primary Registration District No. 4480

City Sweet Springs (No. 655)

File No.

Registered No. 18

St.

Ward)

2. FULL NAME

EMMA ARMENTROUT

(a) Residence, No. 513 South Locust

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

GEORGE LOUIS ARMENTROUT

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

MAY 19-1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

72

4

18

OCCUPATION

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

House Wife at Home

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

General House Work

10. Date deceased last worked at this occupation (month and year)

July 30-1938

11. Total time (years)

spent in this occupation

Life

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

Saline Co. Mo.

FATHER

13. NAME

James N Bailey

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

Virginia

MOTHER

15. MAIDEN NAME

Matilda Hedge

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

Kawia

17. INFORMANT (ADDRESS)

Leslie P. ArmentROUT Sweet Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL

Fairview Cemetery

PLACE Sweet Springs Mo.

DATE October 9 1938

19. UNDERTAKER (ADDRESS)

Leslie P. ArmentROUT Sweet Springs Mo.

20. FILED

Oct 8, 1938 McJohn Shellenbarger Registrar

MEDICAL CERTIFICATE OF DEATH

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

10-7-1938

22. I HEREBY CERTIFY, That I attended deceased from

Sept 1, 1938, to Oct 7-1938

I last saw h. or alive on Oct 6-1938 Death is said

to have occurred on the date stated above, at 12:30 a.m.

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

Diabetes about 15 yrs

Other contributory causes of importance:

myocarditis

Name of operation

No

Date of

What test confirmed diagnosis?

No

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

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

No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

McJohn Shellenbarger M. D.

(Address)

Sweet Springs Mo

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RECEIVED  
Chief Health Officer No. 8,  
District File Number  
Date Filed 11/8/38