

68 JAN 24 1939

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

Do not use this space.

43891

1. PLACE OF DEATH

County New Madrid

Registration District No. 603

File No. 2

Township Morhous

Primary Registration District No. 4357

Registered No. 2

City Morhous

St. Mo.

Ward

2. FULL NAME Bordus Lee Armstrong

(a) Residence, No. 155

St. Mo.

Ward

(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) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1936

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

I HEREBY CERTIFY, That I attended deceased from 6-19-36 to 6-20-36, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 - 1867

I last saw him alive on 6-20-36, 1936 Death is said to have occurred on the date stated above, at 11 p.m.

7. AGE

YEARS 67

MONTHS 5

DAYS 7

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

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

Pulmonary Tuberculosis Date of onset 1933

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation.....

Other contributory causes of importance: 23'

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington / Ky

FATHER

13. NAME John Armstrong

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairbury / Kentucky

Name of operation none

Date of 7/20

What test confirmed diagnosis? blues Was there an autopsy? no

MOTHER

15. MAIDEN NAME Anna Mitchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairbury / Kentucky

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

Accident, suicide, or homicide? no Date of injury 1936

Where did injury occur? none

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Julia Armstrong / Morhous

Manner of injury none

Nature of injury none

18. BURIAL, CREMATION, OR REMOVAL

PLACE Suburban

DATE 6-21-36

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify.....

(Signed) O. A. Eason

19. UNDERTAKER (ADDRESS) John J. Parson

20. FILED 6-20-36

1936

John Parson

Registrator.

521

(Address) Morhous Mo

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.

