

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

Do not use this space.

RECEIVED FEB 6 1939

1. PLACE OF DEATH

County Franklin
Township Meramec
City Stanton (No. 1)

Registration District No. 295
Primary Registration District No. 5412

File No. 2230
Registered No. _____
St. _____ Ward _____

2. FULL NAME: Dora Alice Armstead

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 James Armstead

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 3 16

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps County, Mo.

13. NAME Charles Burton

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

15. MAIDEN NAME Lena Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Charles Lee (ADDRESS) St. Clair, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla, Mo. DATE Jan. 4, 1939

19. UNDERTAKER Wm. Casey & Co. (ADDRESS) St. Clair, Mo.

20. FILED Jan 3, 1939 Edgar W. Laffoon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2 to 3, 1939, to Jan. 3, 1939
I last saw her alive on Jan. 2, 1939. Death is said to have occurred on the date stated above, at 6 a. m.

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

Angina Pectoris
Date of onset _____

Other contributory causes of importance:

Arteriosclerosis.

Name of operation None Date of _____

What test confirmed diagnosis? None Was there an autopsy? Yes

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? Yes

If so, specify W. E. Kitchell, M. D.

(Signed) _____ (Address) St. Clair, 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.

