

1928 FEB 6

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

Do not use this space.

2231

1. PLACE OF DEATH

County Franklin
Township Meramec
City Stanton

Registration District No. 295

Primary Registration District No. 5412

File No.

Registered No.

St. Ward

2. FULL NAME Richard Armistead

(a) Residence, No. Stanton Mo. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Cora E. Armistead

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 22, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 1 14

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

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) Franklin County, MO.

13. NAME Thomas J. Armistead

14. BIRTHPLACE (CITY OR TOWN) Franklin County, MO.

15. MAIDEN NAME Elizabeth Parks

16. BIRTHPLACE (CITY OR TOWN) Franklin County, MO.

17. INFORMANT Thomas Armistead (ADDRESS) St. Clair, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Stanton, Mo. DATE January 8, 1928

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

20. FILED 11 7 1928 Edgar W. Lafferty Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6-1928

22. I HEREBY CERTIFY, That I attended deceased from 1-6-1928 to 1-6-1928

I last saw him alive on 1-6-1928. Death is said to have occurred on the date stated above, at 11 A.M.

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

Wagon accident
Crown A2C
Other contributory causes of importance:

Name of operation
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 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 Nature of injury

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

(Signed) Edgar W. Lafferty, M. D. (Address) St. Clair, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death to be certified exactly. PHYSICIANS should state exactly. Cause of death to be certified exactly. PHYSICIANS should state exactly.

