

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.

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

Do not use this space.

REC'D MAR 16 1939

1. PLACE OF DEATH

County *Saline*

Township *Salt Pond*

City *Sweet Springs, Mo.*

Registration District No. *801*

Primary Registration District No. *6044*

File No. *7933*

Registered No. *39*

St. *Mo.*

Ward

2. FULL NAME

(a) Residence, No. *RFLB*

(Usual place of abode)

St. *Mo.*

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *75* 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)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(or) WIFE OF

Emma Armentrout

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

August 26-1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

75

5

10

OCCUPATION

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

Farmer Retired

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

General Farm Work

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

11. Total time (years) spent in this occupation

1934

Life

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

Saline County Missouri

13. NAME

Joshua Armentrout

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

Rockingham Co Virginia

15. MAIDEN NAME

Nancy Reinbeter

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

Kentucky

17. INFORMANT

(ADDRESS)

Lester Armentrout

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Sweet Springs, Mo.

DATE

February 6 1939

19. UNDERTAKER

(ADDRESS)

John H. Arvey

20. FILED

Feb 6

1939

John H. Arvey

Registrar

MEDICAL CERTIFICATE OF DEATH

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

2-4-1939

22. I HEREBY CERTIFY, That I attended deceased from

Birmingham on 1937 to 2-5-39

I last saw him alive on *Jan 25th 39*, 19*39*. Death is said

to have occurred on the date stated above, at *6:38* m.

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

*Atherosclerosis
Myocarditis
Chronic Nephritis*

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? *No* Date of injury *No*, 19*39*

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)

(Address)

M. D.

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/6/39