

1330 APR 20 1939

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

11969

Do not use this space.

1. PLACE OF DEATH

(a) County Duluth  
(b) Township Liberty  
(c) City Richland

Registration District No. 712  
Primary Registration District No. 5441

Registered No. 7

(d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St. ☒ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas Armstrong  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 - 1867  
7. AGE YEARS 71 MONTHS 4 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation life

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

FATHER 13. NAME James Andrew Miller  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelbyville Indiana

MOTHER 15. MAIDEN NAME Mary L. Reed  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Indiana

17. INFORMANT (ADDRESS) Geneva Barker Richland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mantinsville DATE 3-6-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. B. Jumper Richland Mo

20. FILED March 4 1939 Cecil A. Oliver Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-2- 1939, to 3-4- 1939  
I last saw her alive on 3-1- 1939 Death is said to have occurred on the date stated above, at 5 a.m.  
The principal cause of death and related causes of importance were as follows:

Thrush colosis unknown  
Pulmonary - Chronic  
Other contributory causes of importance: 22  
Date of onset \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 none  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_ (Signed) R. B. Jumper M. D.  
Richland Mo (Address) 645

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.

1330 APR 20 1939

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
*R B Jepple*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3198*

P. O. Address *Richland Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**