

MAY 16 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis
 Township Campphanch
 City Garden City, Mo. (No. 152)

Registration District No. 5216
 Primary Registration District No. 5216

File No. 14533
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

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

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

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 Charles Armstrong
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1881
 7. AGE YEARS 57 MONTHS 6 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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) Bedford, Iowa
 (STATE OR COUNTRY)

FATHER 13. NAME William H. Price
 14. BIRTHPLACE (CITY OR TOWN) Bedford, Iowa
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Alice Thompson
 16. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

17. INFORMANT Chas Armstrong
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Garden City, Mo. DATE Apr. 18, 1939

19. UNDERTAKER J. M. Kouppman
 (ADDRESS) Garden City, Mo.

20. FILED 4-18 19 39 Mrs. E. H. Stonestreet
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-16th 1939

22. I HEREBY CERTIFY, That I attended deceased from April 13th 1939, to April 16th 1939

I last saw her alive on April 15th 1939 Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:

Subdural Hemorrhage
of skull

Other contributory causes of importance:

Arteriosclerosis

Name of operation none Date of _____
 What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury X, 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 X
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Frank B. Ellis J. M. D.

(Address) Garden City, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

