

REC'D JUN 19 1939

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

17918
Do not use this space.

1. PLACE OF DEATH
 (a) County Audrain Registration District No. 26
 (b) Township Saltriver Primary Registration District No. 3002
 (c) City Mexico Mo (d) Street No. Audrain Hospital Registered No. 74
 (e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME William Grant Armstrong
 (a) Residence, No. 300 E. Boliver 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 3 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Day laborer
 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) May - 1939 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Niles, Ohio

FATHER 13. NAME Thomas Armstrong

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

MOTHER 15. MAIDEN NAME Elizabeth Gregg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain County, Mo.

17. INFORMANT (ADDRESS) Harry G. Armstrong Laddonia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetery, DATE May 18, 1939

19. FUNERAL DIRECTOR (ADDRESS) H.A. Precht & Son Mexico, Mo.

20. FILED May 18, 1939 Blanche Reely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-16-39
 22. I HEREBY CERTIFY, That I attended deceased from 5-14-39 to 5-19-39
 I last saw him alive on 5-16-39 Death is said to have occurred on the date stated above, at 39 m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset
Senility
 Other contributory causes of importance

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? No
 If so, specify Left Hemisphere, M. D.
 (Signed) Mexico Mo (Address)

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.

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RECEIVED

District Health Officer No. 10

District File Number 10-39-1105

Date Filed JUN 8 1939

STATEMENT BY LICENSED EMBALMER

I, Earl E. Precht, Licensed Embalmer No. 3189

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl E. Precht

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Earl E. Precht

Mexico, Mo. Licensed Embalmer No. 3189

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.)