

JUN 22 1939

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

19571

Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
 (b) Township _____ Primary Registration District No. 3034
 (c) City Moberly, Mo (d) Street No. 401 Halleck St.
 (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 Martha D. Armstrong

(a) Residence, No. 401 Halleck 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harold Armstrong

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14th 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 4 16

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

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

13. NAME James A. Dwings

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

15. MAIDEN NAME Addie Storm

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

17. INFORMANT Harold Armstrong (ADDRESS) Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE May 2nd 1939

19. FUNERAL DIRECTOR (NAME) McMahon & Sons (ADDRESS) Moberly Mo

20. FILED May 2 1939 Paul Williams Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30th 1939

I HEREBY CERTIFY, That I attended deceased from Apr 3rd 1939 to Apr 3rd 1939
 I last saw him alive on Apr 30 1939 Death is said to have occurred on the date stated above, at 9:00 P. M.
 The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset
Endocarditis 9.2.39

Other contributory causes of importance:
Mitral Stenosis from
an old
Rheumatic Endocarditis

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? ☒ 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? ☒
 If so, specify _____

(Signed) L. J. McKee M. D.
 (Address) Moberly Mo

RECEIVED

District Health Officer No. 10

District File Number 10-39-1015

Date Filed JUN 10 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 _____

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

Signed

Frank D. D. Witt

Licensed Embalmer No. 3021

P. O. Address *Proberly, 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.