

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.

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OCT 20 1939

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**1. PLACE OF DEATH**

County Jackson Registration District No. 400  
 Township Leas Summit Primary Registration District No. 558-B  
 City Leas Summit mo (No. 42303) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 171

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ 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 M 4. COLOR OR RACE W 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) Dec 6 1938  
 7. AGE YEARS 0 MONTHS 8 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
 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) (STATE OR COUNTRY) Leas Summit mo

13. NAME Marvin Armagost

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

15. MAIDEN NAME Edith Linsinger

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

17. INFORMANT Marvin Armagost (ADDRESS) Leas Summit mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Leas Summit mo DATE Sept 5 1939

19. UNDERTAKER Blanche (ADDRESS) Leas Summit mo

20. FILED Sept 4 1939 Sara S Barne Registrar (Address) Leas Summit, Mo

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1939, to Sept 4, 1939

I last saw him alive on Sept 4, 1939. Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Pneumonia Date of onset 9/2/39  
Acute Gastro-Enteritis 9/1/39

Other contributory causes of importance: measles 9/30/39

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ 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 \_\_\_\_\_

(Signed) Cliff H. Miller, M. D.  
 (Address) Leas Summit, Mo

