

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.

FILED OCT 18 1940

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

Do not use this space.

32664

1. PLACE OF DEATH

County New Madrid
Township Como
City (No.)

Registration District No. 605
Primary Registration District No. 4559

File No.
Registered No.
St. Ward

2. FULL NAME

Donald Richard Armstrong

(a) Residence, No. St. Ward.

(If nonresident, give city or town and State)

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 29, 1936</u>		
7. AGE	YEARS <u>3</u>	MONTHS <u>10</u>
	DAYS <u>25</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1940, to Sept 25, 1940
I last saw him alive on 9-25, 1940. Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Croup (Spasmodic) Date of onset 9-20-40

Other contributory causes of importance:

Unknown

Name of operation None Date of
What test confirmed diagnosis? Clinical 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) Edward Hershey M. D.
Address Parma, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Madrid Co.</u>
	13. NAME <u>James C. Armstrong</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
	15. MAIDEN NAME <u>Loettie M. Pennington</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> <u>New Madrid Co.</u>
	17. INFORMANT (ADDRESS) <u>James C. Armstrong</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parma</u> DATE <u>Sept 26</u> , 19 <u>40</u>
	19. UNDERTAKER (ADDRESS) <u>Landis Funeral Home</u> <u>Cambridge</u>
	20. FILED <u>9/25</u> , 19 <u>40</u> <u>Dr. E. W. Hunter</u> Registrar

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RECEIVED

District Health Officer No. 2

District File Number 1040-152

Date Filed 10/14/40