

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

Do not use this space.

40409

File No. _____
Registered No. 151 St. _____ Ward _____

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Clinton Primary Registration District No. 3018
City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME

Susan Mary Houshaw Armstrong
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 26 1929

5A. ~~WIDOWED, OR~~ HUSBAND OF (OR) WIFE OF A. L. Armstrong

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Dec 26, 1929 (that I last saw h. s. alive on Dec 26, 1929 and that death occurred, on the date stated above, at 12:30 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-25-1855

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 11 1

Arterio Sclerosis

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Dependent
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY (SECONDARY) 97
(duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Joseph P. Houshaw

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

12. WHAT TEST CONFIRMED DIAGNOSIS

12. MAIDEN NAME OF MOTHER Melissa Healy

(Signed) Samuel A. Orone, M.D.
12/29/29 (Address) Clinton, Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT

Mrs. Char. Detherford
(Address) Clinton, Missouri

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

15. FILED 12/27 1929 Dr. E. C. Puler REGISTRAR

Englewood 12-27 1929

20. UNDERTAKER Simms-Wilkinson Co.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S 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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