

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

Do not use this space.

13929

1. PLACE OF DEATH

4th County Harry
Township Fudelsheim
City..... (No.....)

Registration District No. 347
Primary Registration District No. 5490

File No.....
Registered No. 60
St..... Ward.....

2. FULL NAME

Allen Armstrong

(a) Residence. No. Blarston, Mo. 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

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) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 80

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) County Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ?

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) Harvey Randolph County Home

15. FILED 5/1 19 31 Dr. E. C. Peelor REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29 1931

17. I HEREBY CERTIFY, That I attended deceased from April 26 1931, to April 29, 1931 that I last saw h..... alive on April 29, 1931, and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Rights Disease
Old age
CONTRIBUTORY (SECONDARY) Old age

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Blarston

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? urin test
(Signed) J. B. Hampton, M. D.

, 19 31 (Address) Clinton mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood DATE OF BURIAL 4-30 1931

20. UNDERTAKER Siess ADDRESS Clinton

K. 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.

MAY 23 1931

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