

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.

MAY 27 1935

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

Do not use this space.

12638

1. PLACE OF DEATH

County Henry Registration District No. 358
Township Big Creek Primary Registration District No. 5503
City Blairtown (No. _____) St. _____ Ward _____

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME Barnard 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 40 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, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Mary Armstrong</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-12-1851</u>				
7. AGE	YEARS <u>84</u>	MONTHS <u>1</u>	DAYS <u>11</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>Farmer</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) <u>1925</u>			
11. Total time (years) spent in this occupation <u>Life</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Athys Co. Ohio</u>				
FATHER	13. NAME <u>Barnard Armstrong</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maryland</u>			
MOTHER	15. MAIDEN NAME <u>Mary Kinamon</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maryland</u>			
17. INFORMANT (ADDRESS) <u>Mary Armstrong Blairtown, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Carsville</u> DATE <u>Apr. 25, 1935</u>				
19. UNDERTAKER (ADDRESS) <u>Dred Wilkinson Clinton, Mo</u>				
20. FILED <u>May 1, 1935</u> <u>E. G. Hibler, Registrar.</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1934, to Mar. 20, 1935
I last saw him alive on March 20, 1935. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:
Cardiac Decompensation

Date of onset _____

Other contributory causes of importance none

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? No
If so, specify _____
(Signed) A. L. Smith, M. D.
(Address) Wash Mo

