

REC'D MAY 20 1938

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

14811

Do not use this space.

## 1. PLACE OF DEATH

(a) County Iron Registration District No. 391  
(b) Township Arcadia Primary Registration District No. 4230  
(c) City Ironton (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 222. PRINT FULL NAME Marion Francis Armstrong 652

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lydia Armstrong

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 2 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
9. Industry or business in which work was done, as 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) Mt. Vernon  
(STATE OR COUNTRY) Illinois

FATHER 13. NAME unknown  
14. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME unknown  
16. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs. Lydia Armstrong  
(ADDRESS) Ironton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Arcadia Mo. DATE 4/6/38, 19\_\_

19. FUNERAL DIRECTOR K.P. Cem. Norman White & Son  
(ADDRESS) Ironton Mo.

20. FILED Apr 9, 1938 Ra Rasch  
Local Registrar. 253

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from March, 1937, to April 4, 1938

I last saw him alive on April 4, 1938. Death is said

to have occurred on the date stated above, at 9.15A.

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

myocarditis and  
fibrillation of the auricle

Date of onset

Other contributory causes of importance: 0321Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? none 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.  
no

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Geo. Gay, M. D.  
Ironton, Missouri

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.

STATEMENT BY LICENSED EMBALMER

I, Ancel J. White, Licensed Embalmer No. 3012

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Ancel J. White*

Licensed Embalmer No. 3012

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**