

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

Do not use this space.

9619

85

1. PLACE OF DEATH

County Buchanan

Registration District No. 1001

Township

Primary Registration District No.

City St. Joseph

(No. Noyes Hospital)

File No. _____

Registered No. 324

St. _____ Ward)

2. FULL NAME

Juanita^a Armstrong

(a) Residence. No. 1413 No. 12th St. 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

Female

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

George Armstrong

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

July 25 1891

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, _____ hrs. or _____ min.

37

7

25/12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

" "

(c) Name of employer

" "

9. BIRTHPLACE (CITY OR TOWN)

Carrollton

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Elisan Bartlett

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Harritt Hooper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky

Ky

14. INFORMANT

George Armstrong

(Address)

1413 No 12th St.

15. FILED

19

11 1929

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 7th 1929

17.

I HEREBY CERTIFY, That I attended deceased from Feb 18th, 1929, to Mar 7th, 1929, that I last saw him alive on Mar 6th, 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis (Chronic)

[Handwritten signature]

_____ (duration) yrs. no facts mos. ds.

CONTRIBUTORY (SECONDARY)

Influenza

_____ (duration) yrs. abt 5 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

at his home

IF NOT AT PLACE OF DEATH 1413 No 12th St St Joseph Mo

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) [Signature], M. D.

3/10, 1929 (Address) 1503 S. Broadway
*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

Ashland Cemetery

DATE OF BURIAL

3/11/29

20. UNDERTAKER

Ramsey Funeral Service

ADDRESS

9th & Olive

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.

11
1929
235
1
1
2

