

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

Do not use this space.

27529

**1. PLACE OF DEATH**

County St. Louis Registration District No. 786  
Township Central Primary Registration District No. 4469  
City Maplewood (No. 7706, Jerome Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 41  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Wilburn Armstrong  
(a) Residence, No. 7706 Jerome 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. 7 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>
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5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Minerva Armstrong  
(OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 - 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>70</u>	<u>1</u>	<u>—</u>	<u>15</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Timber

10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Indiana

13. NAME Unknown - Armstrong

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gettysburg Indiana

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT F. L. Armstrong  
(ADDRESS) 7706 Jerome Maplewood

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Oak Hill DATE Aug 4 1933

19. UNDERTAKER Parker and Co  
(ADDRESS) Webster Grand

20. FILED 8-3 1933 Mercedes Schuster  
Registrar.

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1933

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1933, to Aug 2, 1933.  
Last saw him, alive on Aug 2, 1933 Death is said to have occurred on the date stated above, at 7 p m.

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

Arterio sclerosis  
Hypertension  
Nephritis  
Anemia  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: 132A  
97  
132B

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 \_\_\_\_\_, 1933

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) E. O. Buckenidge, M. D.

(Address) Maplewood Mo

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.

SEP 26 1933

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