

AUG 11 1938

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

25599
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Joplin Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. Joplin General Hospital (O.N.) St. _____
 (1) 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.

2. PRINT FULL NAME Paul Edward Armstrong

(a) Residence, No. 619 Jackson St. 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 4 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. curl boy at barbers.
 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) June 15 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Naskell Oklahoma13. NAME H. T. Armstrong14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Urbana Ohio15. MAIDEN NAME Byrd Hunter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Missouri17. INFORMANT (ADDRESS) Mrs. Byrd Armstrong Joplin, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE July 11, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Knell Mortuary Carthage, Mo.20. FILED 2-9-10 Ed D. Jensen Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1938

22. I HEREBY CERTIFY That I attended deceased from June 21, 1938, to July 9, 1938
 last saw him alive on July 9, 1938. Death is said to have occurred on the date stated above, at 3:05 AM.
 The principal cause of death and related causes of importance were as follows:

Respiratory and Cardiac Failure due to General Sepsis in following Metritis.
 Date of onset July 9, 38
June 21, 38

Other contributory causes of importance:

Chronic Otitis Media of the right ear, gland enlarged & Case of history of Metritis.
 Name of operation Metrectomy Date of July 2, 1938
 What test confirmed diagnosis? X-Ray Was there an autopsy? No

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? NoIf so, specify _____ (Signed) Ed D. Jensen M.D.(Address) 205-C Francis Bldg. Joplin, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

J. W. Knell

Licensed Embalmer No. *814*

P. O. Address

Carthage Mo

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.)

If this body is not embalmed, above space should be left blank.