

JAN 15

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

43922

Do not use this space.

1. PLACE OF DEATH

(a) County: Lincoln Registration District No. 504  
 (b) Township or City: Paris Primary Registration District No. 4307 Registered No. 9  
 (c) City: Paris (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

652 Mrs Minnie Armstrong  
 (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 Female 4. COLOR OR RACE White 5. SINGLE (MARRIED, WIDOWED, OR DIVORCED) (write the word) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
63 1 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) 1 year 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Mo

FATHER 13. NAME J. H. Mc Gee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Mo

MOTHER 15. MAIDEN NAME Rebecca Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Mo

17. INFORMANT (ADDRESS) J. E. Armstrong  
Paris Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Paris DATE 12/31/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hunter & Rollins  
Paris Mo

20. FILED 12-21-1939 U. C. Dryden  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1939, to Dec 17, 1939

I last saw h.c.v. alive on Dec 17, 1939. Death is said to have occurred on the date stated above, at 2:50 p.m.

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

Coronary occlusion

Date of onset Dec 17 1939

Other contributory causes of importance:

Diabetes mellitus  
Angina pectoris

June 19 1939

Name of operation None 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) J. E. Armstrong, M. D.

(Address) Paris Mo

RECEIVED

District Health Officer No. 111

District File Number 140-1901

Date Filed JAN 12 1940

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 L. W. Collins

Licensed Embalmer No. 11 16 44

P. O. Address Brookfield 2

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.