

FILED MAY 23 1940

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

Do not use this space.

14726

1. PLACE OF DEATH
County Cooper Registration District No. 221
Township Highway 1 Primary Registration District No. 6300
City 2 (No. 2) St. _____ Ward _____

2. FULL NAME 652 William Armstrong
(a) Residence, No. Bunceton Mo R.F. D.O. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Mary Sophia Armstrong

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>11</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Farmer

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City, N.Y.

13. NAME James Armstrong

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maybott, Scotland

15. MAIDEN NAME Annie Belle Dick

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

17. INFORMANT Mary Armstrong
(ADDRESS) Bunceton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Lebanon DATE 2-20-40

19. UNDERTAKER Parker Funeral Service
(ADDRESS) Ottumwa, Mo.

20. FILED 57-10 1940 W. H. Fogle Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18-1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to Feb 18, 1940
I last saw him alive on 2/13, 1940. Death is said to have occurred on the date stated above, at 12:50 a.m.
The principal cause of death and related causes of importance were as follows:
Hypertension
arteriosclerosis
myocarditis

Date of onset Feb 18

Other contributory causes of importance:
arteriosclerosis
myocarditis

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 _____, 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? _____
If so, specify _____
(Signed) W. H. Fogle, M. D.
(Address) Ottumwa, Mo.

N. B.—Every item of information furnished on this certificate is a matter of public record. It is a crime to furnish false information. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

