

C 26 1928

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

Do not use this space.

35979

1. PLACE OF DEATH

County Barry  
Township Washburn  
City Washburn (No. .... St. .... Ward)

Registration District No. 37  
Primary Registration District No. 6253

File No. ....  
Registered No. ....

2. FULL NAME Franklin Pierce Armstrong

(a) Residence. No. .... 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 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 Blanche Armstrong

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 15 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
67 6 20

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Pleasant Gap  
(STATE OR COUNTRY) Pa.

PARENTS  
10. NAME OF FATHER Joshua Armstrong  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
12. MAIDEN NAME OF MOTHER Sarah Jones  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Holland

14. INFORMANT Blanche Armstrong  
(Address) Washburn Mo

15. FILED 11/25/28 J. H. ...  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 5 1928

17. I HEREBY CERTIFY, That I attended deceased from July 15th 1928 to Nov 5th 1928 that I last saw him alive on Nov 5th 1928, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Heart Attack, due to chronic hypertension  
131  
15K (duration) yrs. mos. ds.

CONTRIBUTORY interstitial nephritis (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 12700  
IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical  
(Signed) S. H. ..., M. D.  
, 19 (Address)

\*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 Washburn Pa DATE OF BURIAL Nov 7 1928

20. UNDERTAKER Home Funeral Service ADDRESS Cassville, 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.

