

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

OCT 25 1932

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

Do not use this space.

28805

1. PLACE OF DEATH

County Cole
Township Jefferson
City Jefferson No. 213

Registration District No. 575
Primary Registration District No. 3014

File No. _____
Registered No. 7
St. _____ Ward _____

2. FULL NAME Clint Armstrong

(a) Residence, No. High Point, Mo. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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) June 12th, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 2 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County Missouri

13. NAME Thomas Armstrong
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Missouri

15. MAIDEN NAME Emma Short
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) High Point Missouri

17. INFORMANT Mrs. Jasper Short (ADDRESS) High Point, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE High Point Cem. DATE Sept, 4th, 1932

19. UNDERTAKER G.N. Steffens (ADDRESS) Russellville, Mo.

20. FILED 9-10 W. H. Eichel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept, 2nd, 1932 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 1932, to Sept 2 1932. I last saw him alive on Sept 2 1932. Death is said to have occurred on the date stated above, at 5 P.m.

The principal cause of death and related causes of importance were as follows:
1215
127

Other contributory causes of importance:
10/10
10/10

Name of operation Appendectomy Date of Aug 31 1932
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. L. Lubic _____, M. D.
(Address) Russellville, Mo.

