

DEC 6 JAN 17 1939

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

42637
 Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 131
 (b) Township Randles Primary Registration District No. 0782 Registered No. _____
 (c) City Randles (d) Street No. Oriole, Mo. St. _____
 (If 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 W. J. Armstrong

(a) Residence, No. Oriole, Mo. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hettie O. Hughes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 7 7

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Egypt Mills, Mo. (STATE OR COUNTRY)

13. NAME William Armstrong

14. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Brooks

16. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY)

17. INFORMANT Mrs. Albert McLain (ADDRESS) Oriole, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE McLains Cemt. DATE Dec. 24, 1938

19. FUNERAL DIRECTOR (NAME) Haman's Funeral Home (ADDRESS) Cape Girardeau, Mo.

20. FILED Jan 10, 1939 Chas. J. Miller Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:30 P. M.

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

D. E. Strickler Coroner of Cape Co. of Mo. in his report of the inquest on the case find that the deceased died of heart attack.

Other contributory causes of importance:

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 Dec. 22, 1938

Where did injury occur? at (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) D. E. Strickler Coroner H. W. D.

(Address) 4. S. Pacific St. Cape Girardeau, 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.

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. L. Hamman

Licensed Embalmer No.

2863

P. O. Address

Cape Girardeau

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.

