

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

Do not use this space.

34798

1. PLACE OF DEATH

County Raf
Township
City Richmond (No.)

Registration District No. 744
Primary Registration District No. 3035

File No.
Registered No. 86
St. Ward)

2. FULL NAME Maggie M. Armstrong

(a) Residence No. 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 Female 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 James. Armstrong

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 8 3

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

9. BIRTHPLACE (CITY OR TOWN) High Point
(STATE OR COUNTRY) Mo

10. NAME OF FATHER William Francis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Not known

14. INFORMANT J. B. Armstrong
(Address) Richmond Mo

15. Oct 26 - 29 1929
REGISTRAR E. E. Day

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 25 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1929, to Oct. 14, 1929, that I last saw her alive on Oct. 14, 1929, and that death occurred, on the date stated above, at 5:35 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis

CONTRIBUTORY (SECONDARY) 12/11/29
duration) yrs. 4 mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. E. Atkins, M. D.

0226, 1929 (Address) Richmond Mo.

*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 Parson Cemetery DATE OF BURIAL Oct. 26, 1929

20. UNDERTAKER E. J. Hummer ADDRESS Richmond Mo

89
6
4
2
1
31

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.

