

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

1 PLACE OF DEATH

County Jasper

Township _____

Village _____

City Joplin

Registration District No. 411

File No. 37537

Primary Registration District No. 2002

Registered No. 537

(NO. 302 N. Cannon St.; Ward _____)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Clarence E. Elvhuette

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) Widow

16 DATE OF DEATH Dec 1 1915
(Month) (Day) (Year)

6 DATE OF BIRTH unknown 872
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 15 1915 to Nov 30 1915, that I last saw him alive on Nov 30 1915, and that death occurred, on the date stated above, at 1 P. m.

7 AGE 43 yrs. mos. ds. IF LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:

8 OCCUPATION (a) Trade, profession, or particular kind of work unknown (b) General nature of industry business, or establishment in which employed (or employer)

Apucliticis
108
(Duration) yrs. mos. ds.

9 BIRTHPLACE (City or town, State or foreign country) Ind

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.
(Signed) Z. T. Blackwell M. D.
Dec 2 1915 (Address) 628 Main

10 NAME OF FATHER Wm Arbie Elvhuette

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ind

12 MAIDEN NAME OF MOTHER Sue King

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ind

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death, yrs. mos. ds. In the State, yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wm Elvhuette (Address) 302 N. Cannon

19 PLACE OF BURIAL OR REMOVAL Fairview DATE OF BURIAL Dec 3, 1915

15 Filed Dec 2 1915 S. Amshutz Registrar

20 UNDERTAKER P. K. Kuehler ADDRESS Joplin

N. S. B. 5. If information should be furnished in plain terms, so that it may be properly classified. Ex.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicæmia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

State of California
COUNTY OF San Diego

ss.

On this 20th day of May A. D., 1941, before me,

J. J. Moore a Notary Public in and for said County and
State, residing therein, duly commissioned and sworn, personally appeared

known to me to be the person whose name is subscribed to the within
Instrument, and acknowledged to me that he executed the same.

In Witness Whereof, I have hereunto set my hand and affixed my official
seal the day and year in this certificate first above written.

My Commission expires April 24, 1932

J. J. Moore
Notary Public in and for said County and State.

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

ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Jasper Registration District No. 411 He No. 37527
 Township Primary Registration District No. 2002 Registered No.
 City Joplin (No. 302 N. Cornorth) St. Ward

2. FULL NAME Clarence Ellsworth Arbuckle
 (a) Residence. No. St. Ward.
 (Usual place of abode) (If incident 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 M 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 A. Arbuckle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-25-1871

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

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

9. BIRTHPLACE (CITY OR TOWN) near Brownsburg, Indiana
 (STATE OR COUNTRY) Hendricks County

10. NAME OF FATHER Washington M. Arbuckle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) near Brownsburg, Indiana
 (STATE OR COUNTRY) Hendricks County, Ind.

12. MAIDEN NAME OF MOTHER Leann V. King

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Paris, Kentucky
 (STATE OR COUNTRY) Kentucky

14. INFORMANT Harold G. Arbuckle
 (Address) 2401 Clyde Ave. Los Angeles Calif.

15. FILED 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY & YEAR)

17. I HEREBY CERTIFY that I attended deceased from 19..... that I last saw him alive on 19..... and death occurred, on the date stated above

THE CAUSE OF DEATH WAS FOLLOWS:

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed), 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 DATE OF BURIAL 19.....

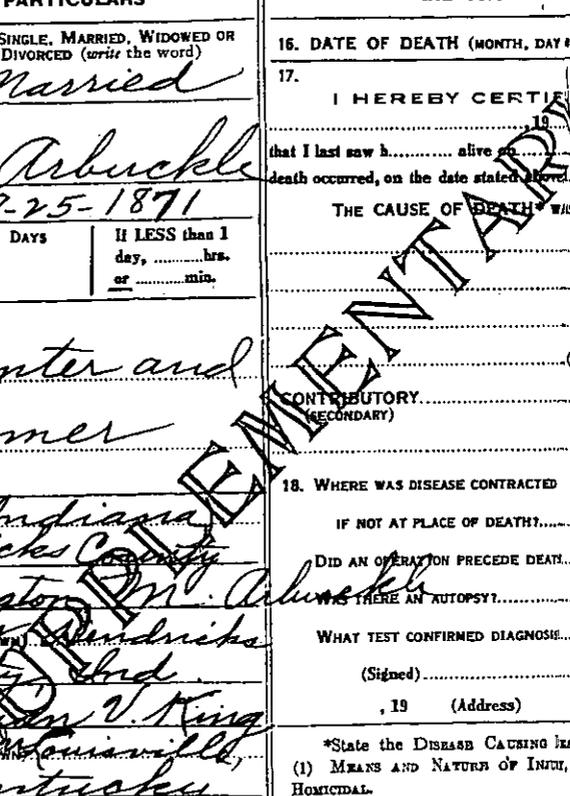
20. UNDERTAKER ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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.

U. S. NO. 2B. MAIN PRESERVE STATEMENT OF OCCUPATION IS VERY IMPORTANT.



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