

24 1927

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

Do not use this space.
14501

1. PLACE OF DEATH

County Cass
Township Grand River
City Harrisonville (No.)

Registration District No. 1072
Primary Registration District No. 4090

File No.
Registered No. 15
St. Ward

2. FULL NAME

Mary Ellen Arnold

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. mos. ds. (If nonresident give city or town and State)
How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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

W.T. Arnold

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 15 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 2 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

10. NAME OF FATHER E C Mauck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Yoarnan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT W. J. Arnold
(Address) Harrisonville Mo.

15. May 24 1927 J A Long REGISTRAR
FILED Long

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to May 23, 1927
that I last saw her alive on May 23, 1927, and that death occurred, on the date stated above, at 11:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of stomach

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?

(Signature) David Strong M. D.

(Address) Harrisonville 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 Pitts Chapel DATE OF BURIAL 5/25 1927

20. UNDERTAKER Quinnburg Bros Co Harrisonville Mo. ADDRESS

