

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis

(No. Mullanphy Hospital)

File No.....

29012

Registered No.....

8595

St. Ward)

2. FULL NAME

Marie Arbuckle

(a) Residence. No. Gatesworth Hotel St. 12 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

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

George Arbuckle

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

June - 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

abt. 62

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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

David Brancanier

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Canada

12. MAIDEN NAME OF MOTHER

Marie Garnier

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

New Orleans

14. INFORMANT Mrs. Blanche Brancanier

(Address)

Mullanphy Hospital

15. SEP 27 1927

FILED

Mar 6 Starkoff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

9/25

1927

17.

I HEREBY CERTIFY, That I attended deceased from

76 1927 Sept 25 1927
that I last saw her... alive on... Sept 25 1927, and that death occurred, on the date stated above, at...

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Exhaustion incident to depression - Psychosis of manic depressive type -

CONTRIBUTORY

(SECONDARY)

Arterio sclerosis & hyperten
ic Pneumonia #103 of Lobar or
Broncho

18. WHERE WAS DISEASE CONTRACTED

(If NOT AT PLACE OF DEATH?)

Lived at Gatesworth

19. DID AN OPERATION PRECEDE DEATH?

No

DATE OF

20. WAS THERE AN AUTOPSY?

No

21. WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

M. A. Bliss

M. D.

9/26 1927 (Address) 301 Humboldt Bldg

*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

to above

9-28 1927

20. UNDERTAKER

Arthur J. Donnelly

ADDRESS

2039 Wash St

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.

MISSOURI STATE BOARD OF HEALTH

Mr Bliss I
Humboldt Bay
28p