

APR 19 1928

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

Do not use this space.

4712

1. PLACE OF DEATH

County Henry Registration District No. 352
Township Deputate Primary Registration District No. 5493
City Monticello (No. 1000)

File No.
Registered No. 3
St. Ward)

2. FULL NAME Clovis John Arns

(a) Residence. No. St. Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. 19 mos. 17 ds. How long in U.S., if of foreign birth? 33 yrs. 17 mos. 17 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Mr. Clovis John Arns
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 2 - 1896

7. AGE

32

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.

19

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

121A
1209

9. BIRTHPLACE (CITY OR TOWN) Monticello(STATE OR COUNTRY) MO10. NAME OF FATHER Herman Arns11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Theresa Cox13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri

(STATE OR COUNTRY)

14.

INFORMANT Lawrence Arns
(Address) Monticello MO

15.

FILED 2/21 28 J.M. Miller
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 1928

17.

I HEREBY CERTIFY, That I attended deceased from Feb 12, 1928, to Feb 19, 1928
that I last saw him alive on Feb 19, 1928, and that death occurred, on the date stated above, at 10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute appendicitis
Perforation
Peritonitis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Henry Co. MO

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 12/28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Operation

(Signed) W.D. Stephens, M.D.

, 19 (Address) Clanton 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

Monticello

DATE OF BURIAL

Feb 22 1928

20. UNDERTAKER

William Cox 14th to

ADDRESS

Monticello MO

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state occupation as carefully supplied.

FEB 20 1945