

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township How  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002

File No. 5207  
Registered No. 869

**2. FULL NAME**

Arnold, Hugh  
(a) Residence. No. 2025 Propeler St. 11 Ward.

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. (If nonresident give city or town and State)

**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 (OR) WIFE OF

Marion Arnold

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-10-1879

7. AGE: YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 46 5 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Paper Hanger  
(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) Missouri

10. NAME OF FATHER Josias Arnold

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

12. MAIDEN NAME OF MOTHER Alie Eddy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Record Clerk  
(Address) Kansas City Gen's Hosp.

15. FILED 7/27, 28 1928 M.M. Corabue REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-25-1928

17. I HEREBY CERTIFY, That I attended deceased from 2-20-1928, to 2-25-1928 that I last saw alive on 2-25-1928, and that death occurred, on the date stated above, at 11-45 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Aneurysm of the Aorta  
9/6 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 9/6 (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? .....

8 WAS THERE AN AUTOPSY? yes DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) P. E. Williams, M. D.

2-25-1928 (Address) Sup't. K. C. Gen's Hospital

\*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 Forest Hill Cem. DATE OF BURIAL 2-27 1928

20. UNDERTAKER O. U. Mast ADDRESS City

K. 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.

THIS IS A PERMANENT RECORD

