

WORLDWIDE RECORD

Do not use this space.

File No. 1-3
Registered No. 1-3
St. _____ Word _____

County Wanda Registration District No. 570 File No. 13
Township Angela Primary Registration District No. 570 Registered No. 13
City Wanda No. 570 St. Wanda

(a) Residence. No.		St.		Ward.		(If nonresident give city or town and State)			
(Usual place of abode)									
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.		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1925

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1925, to July 26, 1925, that I last saw him alive on June 28, 1925, and that death occurred on the date stated above, at 235 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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Pulmonary Tuberculosis
23A
11A 21

(duration) 1 yrs. 6 mos. 26
CONTRIBUTOR *live in 1927 98 - new*
(SECONDARY)
did 98 1927 (duration) 1 yrs. 6 mos. 26

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? *Place of Death*

6 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Positive

(STATE OR COUNTRY) *Lebanon*

10. NAME OF FATHER Frank Lang

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

12. MAIDEN NAME OF MOTHER Margaret

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

INFORMANT Ben F. Arnold
(Address) Stanford, MO R 65130

FILED July 27 1926 W.C. Paul ms REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
--	----------------

Union Comm 7-27 1925

20. UNDERTAKER	ADDRESS
<i>W. D. T.</i>	<i>Stoughton</i>

...of the ...
...of the ...
...of the ...

...of the ...
...of the ...
...of the ...

...of the ...
...of the ...
...of the ...

**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 Candor

Registration District No. 275-

File No. 13

Township Beauregard

Primary Registration District No. 3-170

Registered No.

City (No.) St. Ward)

2. FULL NAME

Cora Arnold

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

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

(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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT
(Address)

15.

FILED, 19...

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 19 28

17.

I HEREBY CERTIFY, That I attended deceased from

that I last saw him, she or it, on, 19, and that
death occurred, on the date stated above, at, m.

THE CAUSE OF DEATH* WAS AS 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

20. UNDERTAKER

ADDRESS

19

N.B. Information should be secured and applied. AGE should be properly classified. COMPLETE AS PRESCRIBED BY LAW

COMPLETE AS PRESCRIBED BY LAW

SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNIT

REG.

S-23200