

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Mason
 Township La Plata
 City La Plata (Name)

Registration District No. 532
 Primary Registration District No. 4318

File No. 24403
 Registered No. 27
 St. _____ Ward _____

2. FULL NAME

Anna Grant Arnold

(a) Residence No. _____ St. _____ Ward _____
 (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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

Female W Divorced

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

Divorced wife of A. Arnold

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

July 24 - 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

63

11

17

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

House Keeping
for self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Warren Co. Iowa

10. NAME OF FATHER

Jackson Melvin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

not known

12. MAIDEN NAME OF MOTHER

Mary Ann Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

not known

PARENTS

14.

INFORMANT
 (Address)

Bertie G. Guefelt
La Plata Mo

15.

FILED
 7/11, 1928

C. H. Buckner
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

July 11 1928

17.

I HEREBY CERTIFY That I attended deceased from april 17, 1928, to July 12, 1928, that I last saw her alive on June 25, 1928, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer Breast & Stomach
50
4-6-15

CONTRIBUTORY (SECONDARY)

none

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH...

at place death

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

none

(Signed)

J. O. Newton

M. D.

7/11, 1928 (Address)

La Plata 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

DATE OF BURIAL

La Plata Cemetery July 12 1928

20. UNDERTAKER

ADDRESS

D. S. Christie La Plata

NOTE: 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.

