

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

Do not use this space.

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.

1. PLACE OF DEATH 85
 County Buchanan Registration District No. 1001
 Township _____ Primary Registration District No. _____
 City St. Joseph (No. 2225 So. 12th Street) File No. 39449
 Registered No. 1474 St. _____ Ward _____

2. FULL NAME Leo Arthur
 (a) Residence No. 2225 So. 12th Street St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 66 yrs. mos. _____ ds. How long in U.S., if of foreign birth? 68 yrs. mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 29, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	71	3	27	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work R.R. Flagman
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer C.B. & Q.R.R.

9. BIRTHPLACE (CITY OR TOWN) Paris
 (STATE OR COUNTRY) France

10. NAME OF FATHER John Arthur

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

12. MAIDEN NAME OF MOTHER Mathilda David

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

14. INFORMANT Mary Arthur
 (Address) 2225 So. 12th St.

15. FILED DEC 27 1928 John S. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 26 1928
17. I HEREBY CERTIFY That I attended deceased from Sept 22 to Dec 25 1928
 that I last saw h. im. alive on Dec 25, 1928, and that death occurred, on the date stated above, at 2-15 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
46E
102
Carcinoma of Liver
undetermined (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY)
malnutrition (duration) _____ yrs. 4 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Home
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical Test
 (Signed) C. U. [Signature], M. D.
Dec. 27, 1928 (Address) St. Joseph, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Olivet Cemetery **DATE OF BURIAL** Dec. 29 1928
20. UNDERTAKER H. C. Sidenfaden **ADDRESS** 1802 Union St.

