AN 21 1929

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

Do not use this space.

39575

1. PLACE OF DEATH

County Buchannan — Registration District No. 85 — File No. 1496

Township — Primary Registration District No. 100 — Registered No.

City St. Joseph. (No. St. Joseph's Hospital. St. Ward)

2. FULL NAME Thomas Joseph Arnell.

(a) Residence. No. 1607 Main Street. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 53 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)
Male	White	Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 23 1875.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	53	9	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) City Of St. Joseph.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Andrew Arnell.

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

12. MAIDEN NAME OF MOTHER Elizabeth Dailey.

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

14. INFORMANT Mrs. J.M. Neylon.
(Address) 1609 Main Street.

15. FILED DEC 31 1928 19 John G. Jetz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 29 1928

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ Inquested on , 19 , to , 19 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 11:30a.m

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Auto Accident, resulting in Fractured Skull, right fore leg

St Joseph Mo.

210 M (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1880 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) B.W. Padlock Coroner, M.D

12/29, 1928 (Address) St Joseph 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 Mt. Olivet Cemetery. — DATE OF BURIAL Dec 31 1928

20. UNDERTAKER H.O. Sidenfaden — ADDRESS 1802 Union Str

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.