

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

Do not use this space.

JAN 28 1929

43698

6.9

1. PLACE OF DEATH

County Scotland
Township Jefferson
City Grass E. Arnold (No.)

Registration District No. 810
Primary Registration District No. 6055

File No.
Registered No. 55
St. Ward

2. FULL NAME

Grace E. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 8 1928

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 10 1928, to Dec 7 1928 that I last saw her alive on Dec 7 1928, and that death occurred, on the date stated above, at 7:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1, 1896
7. AGE YEARS MONTHS DYS IF LESS than 1 day, hrs. or min. 32 5 7

THE CAUSE OF DEATH WAS AS FOLLOWS:
acute nephritis
146
149 30 8
148 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pregnancy
(duration) yrs. 6 mos. ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)

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

9. BIRTHPLACE (CITY OR TOWN) Ill
(STATE OR COUNTRY)

DID AN OPERATION PRECEDE DEATH? no DATE OF

10. NAME OF FATHER James Estill

10. WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) H. E. Matter, M. D.

12. MAIDEN NAME OF MOTHER Power

12/18, 1928 (Address) Memphis Mo

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

*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.

14. INFORMANT Emmett J. Arnold
(Address) Memphis Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL McAdow cemetery DATE OF BURIAL 12/10/28

15. FILE NO. 12/18 28 REGISTRAR E. E. Tamm

20. UNDERTAKER W. W. Payne & Son ADDRESS Memphis

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.

