

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.

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

Do not use this space.

1822

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. 1002

Township Raw

Primary Registration District No. 1002

Registered No. 1002

City Kansas City (No. 1303)

St. Indiana

St. Indiana Ward 12

2. FULL NAME

(a) Residence. No. 1303 Indiana St. 12 Ward 12

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. da.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

wh

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

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Nettie Arnold

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

March 9, 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

63

10

19

8. OCCUPATION OF DECEASED

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

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

Presses

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Bushnell Ill.

10. NAME OF FATHER

Joseph Arnold

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Anne Dove

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Perm.

14.

INFORMANT

(Address)

Mrs. Nettie Arnold

1303 Indiana

15.

FILED

1-28-29 M. M. Crane

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan. 28 1929

17.

I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1927, to Jan. 27, 1929, and that I last saw him alive on Jan. 27, 1929, and that death occurred, on the date stated above, at 5:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Coronary thrombosis

46

CONTRIBUTORY (SECONDARY)

Gall bladder removed

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,.....

at home

19. DID AN OPERATION PRECEDE DEATH?

yes DATE OF 3 Apr 1929

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

clinical test

(Signed)

Henry George

M. D.

Jan. 26-19 29 (Address) 2414 Cleveland

\*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

Cottonwood Hills

Jan 30 1929

20. UNDERTAKER

ADDRESS

S. H. Newcomer's Sons

K. C. Mo.

26/8 Cleveland  
Linn 6001.  
12/10