

MARGIN RESERVED FOR BINDING

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

MAR 2 1929

1 PLACE OF DEATH

County Dunklin  
Township Salem  
Inc. Town or City Seeshville Ark

ARKANSAS STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF DEATH

6039

Registration District No. 6274 File No. 6  
Primary Registration District No. 290 Registered No. \_\_\_\_\_  
St.; 5408 Ward)

2 FULL NAME Alma Marie Arnall

If death occurred in a hospital or institution, give its NAME instead of street and number.

(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 7 4 COLOR or RACE white 5 Single, Married, Widowed, or Divorced (write the word) Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_ 1917

6 DATE OF BIRTH 2 14 1929  
Month Day Year

7 AGE Years Months Days If LESS than 1 day,.....hrs. or.....min.  
2 2 5

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 \_\_\_\_\_

9 BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_

10 NAME OF FATHER Fred B. Arnall

11 BIRTHPLACE OF FATHER (city or town) 3 \_\_\_\_\_ (State or country) Dunklin Co, MO

12 MAIDEN NAME OF MOTHER Daisy Auttroll

13 BIRTHPLACE OF MOTHER (city or town) \_\_\_\_\_ (State or country) MO.

14 Informant Fred B. Arnall (Address) Seeshville, Ark R7D

15 Filed 3-10, 1929 E. H. Howard Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 22 1929  
Month Day Year

17 I HEREBY CERTIFY, That I attended deceased from 2-20 1929 to 2-21 1929

that I last saw her alive on 2-20 1929 and that death occurred, on the date stated above, at 5A m.

THE CAUSE OF DEATH was as follows:  
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. (See reverse side for additional space.)

Broncho Pneumonia  
Follicular Laryngitis

107A  
115A (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

What operation performed? \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) W. D. Roberson M. D.  
2-22 1929 (Address) Seeshville, Ark

19. PLACE OF BURIAL, CREMATION, or REMOVAL Arnold Cemetery DATE OF BURIAL 2/22 1929

20 UNDERTAKER E. H. Howard ADDRESS \_\_\_\_\_

Burial or Transit Permit issued by \_\_\_\_\_ Date of Issue \_\_\_\_\_



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Dunklin Registration District No. 290 File No. 6  
Township Salem Primary Registration District No. 5408 Registered No. 93  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Almaoline 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**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-14-1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>2</u>	<u>-</u>	<u>8</u>	

**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 \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Ark

10. NAME OF FATHER Fred B. Arnold

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

12. MAIDEN NAME OF MOTHER Daisy Tuttle

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

14. INFORMANT (Address) Fred B. Arnold  
Leshville Ark. R. F. D.

15. FILED 4-1-29 H. H. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) FEB 22 1929 1929

17. I HEREBY CERTIFY that I attended deceased from 2-20 1929 to 2-21 1929 that I last saw her alive on 2-20, 1929, and that death occurred, on the date listed above, at 5-a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pneumonia  
Gulicolar tonsillitis  
\_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 21 ds.

**CONTRIBUTORY (SECONDARY)**

\_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) H. D. Robinson, M. D.

3/22 1929 (Address) Leshville Ark

\*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 Arnold Cemetery DATE OF BURIAL 2/22 1929

20. UNDERTAKER Em Howard ADDRESS Leshville Ark

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

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 occupation and occupation is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

RECEIVED  
FBI  
MAY 19 1964

MEMORANDUM  
TO: SAC, NEW YORK  
FROM: SAC, ALBANY

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

APPROVED: [Illegible]

SPECIAL AGENT IN CHARGE

[Illegible]

5-6039

[Illegible]

[Illegible]

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