

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

Do not use this space.

11670

1. PLACE OF DEATH

County Newton
Township Reesho
City (No.) 5808 St. Ward)

Registration District No. 609
Primary Registration District No. 1369

File No. 22
Registered No.

2. FULL NAME

ARZILLA FRANCIS CARRUTHERS

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) OCT 31, 185

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 | 4 | 12

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER G.G. Meador

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

12. MAIDEN NAME OF MOTHER Leona Cooper

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

14. INFORMANT (Address) A. Carruthers
Tulsa Okla

15. FILED 3/10 29 C.E. Maness REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-3 19 29

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1929, to Mar 3, 1929 that I last saw her alive on Mar 3, 1929, and that death occurred, on the date stated above, at 3:30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

31 Chronic Nephritis
273 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) cholecystitis (duration) 10 yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. Johnson, M. D.
3/4, 1929 (Address) Reesho 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 DATE OF BURIAL
Belfast Cemetery 3/5 29

20. UNDERTAKER ADDRESS
Reesho

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.

76-4-2 MAR 25 1929

PARENTS

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