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

Do not use this space.

11396

File No. ____
Registered No. 28

1. PLACE OF DEATH
County: Nodaway
Township: Polk
City: Maryville (No. ____ St. ____ Ward)
Registration District No. 625
Primary Registration District No. 3031

2. FULL NAME: Lewis J. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 27 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	77	9	16	

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):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ____
(STATE OR COUNTRY): Maine

PARENTS
10. NAME OF FATHER: L. W. Arnold
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ____
(STATE OR COUNTRY): Maine
12. MAIDEN NAME OF MOTHER: Mary Fletcher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ____
(STATE OR COUNTRY): New Hampshire

14. INFORMANT: Chas Jenson
(Address): Maryville Mo

15. FILED Mar 15 1929 C. P. Fryer REGISTRAR
E. D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Feby 2, 1929, to Feby 4, 1929, that I last saw h. alive on Feby 4, 1929, and that death occurred, on the date stated above, at 2 — P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Arteriosclerosis
9 2 11
9 E B
9 29
(duration) ____ yrs. ____ mos. ____ ds.
CONTRIBUTORY (SECONDARY): Myocarditis & Chronic Dilitation of heart (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) F. C. Waller, M. D.
, 19 (Address) Maryville 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
Miriam Cemetery	Mar 15 1929

20. UNDERTAKER	ADDRESS
Price Fun Co	Maryville Mo

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.

APR 26 1929

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