

OCT 28 1929
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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.
a
24391
File No.
Registered No.
St. Ward

1. PLACE OF DEATH

County Madison Registration District No. 330
Township Madison Primary Registration District No. 307
City Clinton (No. Buller's Hospital) St. Ward

2. FULL NAME

Geo Wesley Arbuckle
(a) Residence. No. St. Joseph, Mo. St. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (or WIFE OF) <u>Louise Arbuckle</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar. 14, 1860</u>		
7. AGE <u>69</u>	YEARS <u>3</u>	MONTHS <u>18</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Laborer</u> (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) <u>Missouri</u>	10. NAME OF FATHER <u>John Arbuckle</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	12. MAIDEN NAME OF MOTHER <u>Don't know</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	

14. INFORMANT (Address) <u>J. A. Good</u> <u>Wenton Mo</u>

15. <u>Sept 17, 1929</u> <u>E. A. Duffly</u> REGISTRAR
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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) <u>July 2, 1929</u>
17. I HEREBY CERTIFY, That I attended deceased from <u>on</u> <u>July 2, 1929</u> until I last saw him alive on <u>July 2, 1929</u> and that death occurred, on the date stated above, at <u>8</u> m. THE CAUSE OF DEATH WAS AS FOLLOWS: <u>Fracture of skull</u> <u>caused in automobile</u> <u>collision in early a.</u> <u>10 M</u> (duration) yrs. mos. ds. <u>3 1/2</u>
CONTRIBUTORY (SECONDARY) <u>188</u> (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 0 DID AN OPERATION PRECEDE DEATH? <u>no</u> DATE OF <u>201</u> WAS THERE AN AUTOPSY? <u>no</u> WHAT TEST CONFIRMED DIAGNOSIS? <u>✓</u> (Signed) <u>E. J. Morris</u> M. D. <u>7/3, 1929</u> (Address) <u>P. O. Morris</u>

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Maple Grove</u>	DATE OF BURIAL <u>July 5, 1929</u>
20. UNDERTAKER <u>Lynn Farm Co</u>	ADDRESS <u>Wenton Mo</u>

