

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 30 1930

28571-1

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

Do not use this space.

28571-1

1. PLACE OF DEATH

County Boone Pettis
Township Heath Creek
City Booneville (No.)

Registration District No. 670
Primary Registration District No. 5896

File No.
Registered No. 9 St. Ward)

2. FULL NAME

(a) Residence. No. Booneville St. Ward.
(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Arnold.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1844 May 12

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
85 5 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer 1861-1911
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

10. NAME OF FATHER

Do not know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) 11

12. MAIDEN NAME OF MOTHER

Do not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) 11

14.

INFORMANT E. A. Arnold
(Address) Booneville Mo

15.

FILED 3-19, 1930 Flossie Ferguson
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1929, to Aug 13, 1929, that I last saw him alive on Aug 12, 1929, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fractured Femur head - Fracture humerus and other traumatic due to a fall from 2 story window (duration) yrs. mos. 4 days
Shock

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, 185

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. B. Hartwright, M. D.

, 19 185 (Address) Hughesville 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

Booneville Mo 8/14 1929

20. UNDERTAKER

ADDRESS

W. L. Laughlin Booneville Mo

