

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

Do not use this space.

33227

1. PLACE OF DEATH

County Cass
Township Grand River
City Harrisonville (No. _____)

Registration District No. 156
Primary Registration District No. 4090

File No. _____
Registered No. 56
St. _____ Ward _____

2. FULL NAME

William Dale Arment

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

Apr 11 - 1907

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
22	6	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Lumber yard employee
(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)

Harrisonville Mo

10. NAME OF FATHER

L W Arment

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

Cass Co Mo

12. MAIDEN NAME OF MOTHER

Daisy Moore

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

Cass Co Mo

14. INFORMANT (Address)

L W Arment
Harrisonville Mo

15. FILED

10/30/19 29 58 Long

REGISTRAR

W Scott

15. DATE OF DEATH (MONTH, DAY AND YEAR)

10/30 1929

17.

I HEREBY CERTIFY, That I attended deceased from Sept 10 1929 to Oct 30 1929 that I last saw him alive on Oct 30 1929 and that death occurred, on the date stated above, at 1:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Encephalitis lethargica

CONTRIBUTORY (SECONDARY)

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) J. H. Scott, M. D.

. 19 (Address) Harrisonville 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

Burford Cemetery

10/31 1929

20. UNDERTAKER

ADDRESS

Ruhmenger Bros & Co.

Harrisonville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important.

