

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

Do not use this space.
33855
4807

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Raw Primary Registration District No. 1002
 City Kansas City (No. Evangelical Hosp St. _____ Ward) _____

2. FULL NAME Arthur C. Dole
 (a) Residence No. 514 Bennington St. _____ Ward 16
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M **4. COLOR OR RACE** wh **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 19, 1893

7. AGE
 YEARS 36 MONTHS 7 DAYS 29
 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Steam Fitter
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

PARENTS

9. BIRTHPLACE (CITY OR TOWN) Cangda
 (STATE OR COUNTRY) _____

10. NAME OF FATHER Arthur C. Dole

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

12. MAIDEN NAME OF MOTHER Mary Allison

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

14. INFORMANT Mrs. Florence Dole
 (Address) 514 Bennington

15. FILED 10/18/29 M. M. Crowe
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1929, to Oct 18, 1929, that I last saw him alive on Oct 17, 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Empysemia
IIIB
IIIB
 (duration) _____ yrs. mos. 15 ds.
CONTRIBUTORY (SECONDARY) Influenza Bronchitis
mitastud type (duration) _____ yrs. 1 mos. 5 ds.

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? absepsation
 (Signed) MacCaghan M. D.

*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 St. Michael **DATE OF BURIAL** 10/21 1929

20. UNDERTAKER S. H. Newcomer's Sons **ADDRESS** K6

WRITE FAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. E.—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.

6700 North 15th St. N.W.

Jan 08 20

2-5