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

Do not use this space.
37864

1. PLACE OF DEATH
County Montgomery Registration District No. 595
Township Loutre Primary Registration District No. 5951
City ..... No. ..... St. ..... Ward)

File No. 28
Registered No. 28

2. FULL NAME Lucia Catherine 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: William Henry Arnold

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 6th 1844

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	11	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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) Calloway Co. Mo.

PARENTS

10. NAME OF FATHER: Curtis Wilburn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Calloway Co. Mo
12. MAIDEN NAME OF MOTHER: Edith Steele
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Calloway Co Mo

14. INFORMANT: W S G Arnold
(Address) Martinsburg Mo

15. FILED 11-14 1929 Mrs Alice D Pruitt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 14th 1929

17. I HEREBY CERTIFY, That I attended deceased from July 14 1929 to Nov 14 1929 that I last saw h... alive on Nov 14 1929 and that death occurred, on the date stated above, at 2:10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
(duration) ? yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W S G Arnold, M. D
11/15, 1929 (Address) Martinsburg 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: Wellsville Mo
DATE OF BURIAL: Nov 16 1929
20. UNDERTAKER: F W Kuhne
ADDRESS: Wellsville 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.