

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

Do not use this space.

41209

1. PLACE OF DEATH

County Lopoli
Township Lebanon
City Lebanon

Registration District No. 449
Primary Registration District No. 8609

File No. _____
Registered No. 1543
St. _____ Ward _____

2. FULL NAME

Nancy Arnold

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 11 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
33 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(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) Miller Co.

10. NAME OF FATHER Geo. Bowden

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

12. MAIDEN NAME OF MOTHER Mary Halden

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

14. INFORMANT Ben Arnold

(Address) Lebanon mo R. 5

15. FILED 12/30/29 J W Bellamy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29 1929

17. I HEREBY CERTIFY, That I attended deceased from 1st 28 Dec 29 1929
that I last saw her alive on Nov. 1st 1929, and that death occurred, on the date stated above, at 4:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
9:30

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ✓

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? Physical Autopsy

WHAT TEST CONFIRMED DIAGNOSIS? 7. 1st Party

(Signed) _____, M. D.

, 19 (Address) Lebanon 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

Stevens Cemetery

12/30/29

20. UNDERTAKER

ADDRESS

Bulmer

Lebanon mo

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

