

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 780
Township..... Primary Registration District No. 4466
City St. Genevieve (No.) St. Ward)

File No. 2468
Registered No. 2

2. FULL NAME Wilfred Francis Arnold

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(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 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) April 25 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 8 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Scholar
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Genevieve
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Leonard Arnold
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Genevieve
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Bertha Baker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Genevieve
(STATE OR COUNTRY) Missouri

14. INFORMANT Leonard Arnold
(Address) St. Genevieve Mo

15. FILED Jan 14, 1930 T. W. Douglas
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 7 1930, that I last saw h. was alive on Jan 13 1930 and that death occurred, on the date stated above, at 3:30 p.m.

108 THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Coronary Dilatation
Lobar Pneumonia
CONTRIBUTOR (SECONDARY) (duration) yrs. mos. 13 ds.

18. WHERE WAS DISEASE CONTRACTED MISSOURI
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF: _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Signs & Symptoms
(Signed) W. H. ... 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. Genevieve Mo DATE OF BURIAL 1/15 1930

20. UNDERTAKER John Baker St. Genevieve Mo ADDRESS

Dr. C. J. Carpenter,