

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

Do not use this space.

5985

**1. PLACE OF DEATH**

County Pike  
Township Ashley  
City County Infirmary

Registration District No. 689  
Primary Registration District No. 397.7

File No. 69  
Registered No. 1  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John B. Arthur  
(a) Residence Louisiana Mo St. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 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)**

Widowed

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

Miss Fanny Hobbs

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

July 6 - 1861

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

(68)

68

6

26

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Pike Co Mo

(STATE OR COUNTRY)

**10. NAME OF FATHER**

John Arthur

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Pike

(STATE OR COUNTRY)

Co Mo

**12. MAIDEN NAME OF MOTHER**

Elizabeth Henderson

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Indian Creek

(STATE OR COUNTRY)

Pike Co Mo

**14.**

INFORMANT  
(Address)

John B. Arthur  
Louisiana Mo

**15.**

FILED

2/3 1930  
9/19 1930

REGISTRAR

R. W. Arthur

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Feb 2 1930

**17.**

I HEREBY CERTIFY, That I attended deceased from June

1, 1930, to 2 - 2, 1930,  
that I last saw him alive on Jan 30, 1930, and that death occurred, on the date stated above, at 3 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cancer of Stomach

46 1/2

From history

**CONTRIBUTORY (SECONDARY)**

**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?

Physical

(Signed)

J. H. Wilson

M. D.

2/3 1930 (Address) Bowling Green 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

Pike Co Mo  
Grassy lot 2 R Community Feb 3 1930

**20. UNDERTAKER**

ADDRESS

W. A. Louisiana Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated exactly. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

