

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.

APR 30 1930

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

Do not use this space.

9280

1. PLACE OF DEATH

County LacledeRegistration District No. 4449Township LebanonPrimary Registration District No. #267City Lebanon (No.)

File No.

Registered No. 1539

St. Ward)

2. FULL NAME

Dottie Jean 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

F

4. COLOR OR RACE

W

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)

June 20th 1928

7. AGE

YEARS
1MONTHS
9DAYS
4

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

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)

Lebanon

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Roy Arnold

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Steger Mo.

12. MAIDEN NAME OF MOTHER

Anna Tate

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Phillips Mo.

14.

INFORMANT
(Address)Roy Arnold
Lebanon Mo.

15.

FILED 3/24, 1930Jim Bellamy

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Mar 24 1930

17. I HEREBY CERTIFY, That I attended deceased from March 23, 1930, to 3-24-30, 1930, that I last saw her alive on 3-24-30, 1930, and that death occurred, on the date stated above, at 6.50 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

measles, complicated with pneumonia
109A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) T. N. Baker, 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

Lebanon Mo.3/25 1930

20. UNDERTAKER

ADDRESS

PalmerLebanon

RESERVED FOR BRINDI

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DATE 10-10-2001 BY 60322 UCBAW/BJS

4. The fourth part of the document presents the results of the study. It includes a series of tables and graphs that show the data collected and the conclusions drawn from the analysis.

5. The fifth part of the document discusses the implications of the findings. It explores the potential applications of the research and the ways in which the results can be used to inform future studies.

6. The sixth part of the document provides a summary of the key findings and conclusions. It highlights the most important results of the study and the ways in which they can be used to advance the field of research.

7. The seventh part of the document includes a list of references to the various sources of information used in the study. It provides a comprehensive overview of the literature that was consulted during the research process.

8. The eighth part of the document includes a list of appendices that provide additional information about the study. This includes a list of the various instruments and materials used, as well as a list of the various procedures and methods employed.

9. The ninth part of the document includes a list of figures and tables that are included in the study. This provides a visual representation of the data collected and the results of the analysis.

10. The tenth part of the document includes a list of footnotes that provide additional information about the study. This includes a list of the various sources of information used, as well as a list of the various procedures and methods employed.