

APR 28 1930

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

Do not use this space.

12108

1. PLACE OF DEATH

County Cooper
Township Boonville
City Boonville (No.)

Registration District No. 218
Primary Registration District No. 3015

File No.
Registered No. 2931
St. Ward)

2. FULL NAME

(a) Residence. No. Betty Jane Arnold 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OF 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) Apr. 4. 1920

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin. 2

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Cooper Co
(STATE OR COUNTRY) Boonville Mo

10. NAME OF FATHER Henry E Arnold

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

12. MAIDEN NAME OF MOTHER Mary Lamoreaux

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

14. INFORMANT H E Arnold
(Address) Boonville Mo.

15. FILED Apr. 7. 1930 J W Shively REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 6th 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr. 4th 1930, to Apr. 6th 1930, and that I last saw her alive on Apr. 5th 1930, and that death occurred, on the date stated above, at 6:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
(aspiration) 160B
1000 (duration) yrs. mos. ds. 2
107A
CONTRIBUTORY (SECONDARY) aspiration of membranes at birth. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at place of birth
IF NOT AT PLACE OF DEATH.....

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

20. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Respiration Difficulty
Knussion's Percussion
(Signed) C. M. Browning D.B.

1930 (Address) 2145 Marshall St
*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 Aspen Hill Burial Co DATE OF BURIAL Apr. 7

20. UNDERTAKER, Schwartzky, Mester ADDRESS Boonville Mo.

WRITE 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.

