JUN 9

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

15745

1. PLACE OF DEATH

County DEKALB Registration District No. 4161 File No.

Township ~~POLK~~ Primary Registration District No. 2621 Registered No.

City UNION STAR. (No. St. Ward)

2. FULL NAME EMOGENE CRYSTAL ARNOLD

(a) Residence. No. St., Ward. KING CITY, MO.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS		
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
FEMALE	WHITE	SINGLE.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JULY 21, 1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	2	10	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work NONE.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) KING CITY,
(STATE OR COUNTRY) MO.

PARENTS

10. NAME OF FATHER ERNEST ARNOLD

11. BIRTHPLACE OF FATHER (CITY OR TOWN) UNION STAR
(STATE OR COUNTRY) MO.

12. MAIDEN NAME OF MOTHER JESSIE HUBBARD

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) KING CITY
(STATE OR COUNTRY) MO.

14. INFORMANT Ernest Arnold
(Address) King City. Mo.

15. FILED 5/27 1930 E M Reynolds REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) MAY 26, 1930

17. I HEREBY CERTIFY, That I attended deceased from May 23 1930 to May 26 1930 that I last saw her alive on May 26 19..., and that death occurred, on the date stated above, at 8:15 P.M. m.

THE CAUSE OF DEATH* was as follows:
Pericarditis

SLE

90

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Articular Rheumatism

(duration) yrs. 1 mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF

51a

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E M Reynolds, M. D

5/27, 1930 (Address) Union Star 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 KING CITY, CEMETERY. DATE OF BURIAL 5/28/30 19

20. UNDERTAKER H.D. WILSON ADDRESS KING CITY