

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

Do not use this space.

18759

1. PLACE OF DEATH

County Butler

Registration District No. 89

Township

Primary Registration District No. 3007

City Poplar Bluff (No.)

St. Ward)

2. FULL NAME

Lucy 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

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Jack Arnold

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

Sept 27-1882

7. AGE

YEARS

MONTHS

DAYS

IT LESS than 1 day, hrs. or min.

45

8

1

8. OCCUPATION OF DECEASED

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

Housewife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Fredonia

(STATE OR COUNTRY)

10. NAME OF FATHER

Martin Harkney

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Wilson Co Tenn

12. MAIDEN NAME OF MOTHER

Lutisha Baskin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Wilson Co. Tenn

14.

INFORMANT

(Address)

Willie Green
Poplar Bluff Mo

15.

FILED

7/1-364 BJ Clinp

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 28 1930

17.

I HEREBY CERTIFY, That I attended deceased from June 24, 1930, to June 28, 1930
that I last saw her alive on June 28, 1930, and that death occurred, on the date stated above, at 1245 noon

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Infection of long finger of right hand.
(duration) 4 yrs. 4 mos. 4 ds.

CONTRIBUTORY (SECONDARY)

wound caused by hammer accident
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

Home

IF NOT AT PLACE OF DEATH

19. OPERATION PRECEDE DEATH

no

20. DATE OF

21. WAS THERE AN AUTOPSY?

no

22. WHAT TEST CONFIRMED DIAGNOSIS

Clinical

(Signed)

J. P. Bracken

M. D.

18

(Address)

Poplar Bluff 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

Taylor ben Strouds June 30 1930

20. UNDERTAKER

ADDRESS

Frank and Co. Poplar Bluff

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.

MARGIN RESERVED FOR BINDING

V. 5, NO. 2.

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