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

Do not use this space.

File No. 18892

Registered No. 37

1. PLACE OF DEATH
County Cass
Township Pleasant Hill
City ..... (No. ..... St. ..... Ward)

Registration District No. 152

Primary Registration District No. 5220

2. FULL NAME Doris Elaine 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.

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 LEGAL DOCUMENT.

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) May 15 - 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	—	8	29	

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) Cass Co. Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Clarence Earl Arnold
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cass Co Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Pearl Gladys Barnard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cass Co Mo.
(STATE OR COUNTRY)

14. INFORMANT C E Arnold
(Address) Harrisonville Mo.

15. FILED 6/15 1930 D S Lowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/14 1930

17. I HEREBY CERTIFY, That I attended deceased from 6/13 1930 to 6-14 1930, that I last saw her alive on 6-13 1930, and that death occurred, on the date stated above, at 4:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
9
Influenza
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Whooping Cough
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) E S Long, M. D.
6/14 1930 (Address) Harrisonville 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 Pitts Chapel Cemetery — DATE OF BURIAL 6/14 1930

20. UNDERTAKER Runnenburger Bros — ADDRESS Harrisonville Mo