SEP 25 1930

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

Do not use this space.

19933-2

1. PLACE OF DEATH
County Lewis — Registration District No. 480
Township ... — Primary Registration District No. 4289
City La Grange (No. ..., ... St. ... Ward)

File No. ...
Registered No. 16

2. FULL NAME Edith Vern Arend

(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	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 Premature Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29th 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

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) Premature Child
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) La Grange
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Joe Arend
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Peoria
(STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Edith Goodwin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Steffenville
(STATE OR COUNTRY) Mo.

14. INFORMANT Joe Arend
(Address) La Grange, Mo.

15. FILED June 30 1930 W. E. Kelley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1930

17. I HEREBY CERTIFY, That I attended deceased from June 29, 1930, to June 30, 1930, that I last saw h... alive on June 30, 1930, and that death occurred, on the date stated above, at 6 — a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Child
(a)
151
CONTRIBUTORY (SECONDARY) Child (duration) ... yrs. ... mos. ... ds.
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? No. DATE OF ...
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? ...
(Signed) W. E. Kelley, M. D
, 19 (Address) La Grange 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 Hamilton, Ill.
DATE OF BURIAL July 1 1930

20. UNDERTAKER A. A. Roberts
ADDRESS La Grange, Mo

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.

WHITE PAPER, WITH UNFADING INKS—THIS IS A PERMANENT RECORD

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