

AUG 20 1930

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

Do not use this space.

1. PLACE OF DEATH  
County Callaway, Registration District No. 104  
Township Fulton, Primary Registration District No. 3008  
City Fulton, (No. ....) St. .... Ward) 22129  
Registered No. 170

2. FULL NAME William 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb, 24th, 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>76</u>	<u>4</u>	<u>26</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired Merchant,  
(b) General nature of industry, business, or establishment in which employed (or employer) DO  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo,

10. NAME OF FATHER Chas P, Arnold,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) KY,

12. MAIDEN NAME OF MOTHER Caroline Scholl,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky,

14. INFORMANT Chralie Arnold,  
(Address) Williamsburg, Mo,

15. FILED 7-21-30 R. H. Cress  
19... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 1930

17. I HEREBY CERTIFY, That I attended deceased from July 18 1930 to July 20, 1930 that I last saw him alive on July 20, 1930, and that death occurred, on the date stated above, at About 5, 20PM.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Arterio-Sclerosis General  
92D  
97  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hemiplegia  
(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 Clinical  
(Signed) R. H. News M. D.  
, 19 (Address) Fulton 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 Antioch Church DATE OF BURIAL 7-22-30 19

20. UNDERTAKER Herndon-Taylor Furn-Co, ADDRESS Fulton, 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.

