

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.

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

Do not use this space.

22678

67

1. PLACE OF DEATH

County Howell

Registration District No. 384

Township West Plains Mo

Primary Registration District No. 4277

City West Plains Mo

File No. 67

Registered No. _____

St. _____ Ward) _____

2. FULL NAME

(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

ma

4. COLOR OR RACE

wh

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

married

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

Mary Arnold

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

Apr 2 - 1888

7. AGE

YEARS 42

MONTHS

3

DAYS

9

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

Laborer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Howell Co. Mo

10. NAME OF FATHER

Henry Arnold

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

14. INFORMANT

(Address)

Mrs. Mary Arnold
West Plains Mo

15. FILED

7-11-30 O. H. Hecrich

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

7-11-1930

17. I HEREBY CERTIFY, That I attended deceased from March 3rd, 1930 to July 4th, 1930

that I last saw him alive on July 4th, 1930 and that death occurred, on the date stated above, at West Plains Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Acute dilatation of heart
75B

CONTRIBUTORY (SECONDARY)

Not known

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? Changel

(Signed)

J. W. Thompson M. D.

7-11, 1930 (Address)

*State the DISEASE CAUSING DEATH, and from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Homeland

DATE OF BURIAL

7-12-1930

20. UNDERTAKER

McFarland

ADDRESS

West Plains Mo

