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.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 24626

Township ..... Primary Registration District No. 1003 Registered No. 6785

City St. Louis (No. 5351 Delmar St. ..... Ward)

2. FULL NAME Caroline V. Arthur

(a) Residence. No. 5351 Delmar St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow of Robt E. Arthur

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 6 - 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	86	3	6	

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

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

PARENTS

10. NAME OF FATHER Dont know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont know
(STATE OR COUNTRY) " "
12. MAIDEN NAME OF MOTHER Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " "
(STATE OR COUNTRY) " "

14. INFORMANT Wilmoth Waller
(Address)

15. FILED JUL 12 1930, 19 Max C. Harker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1930, to July 12, 1930 that I last saw her alive on July 11, 1930, and that death occurred, on the date stated above, at 3:35 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
121
98e
(duration) yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) 1 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? Phys Ex + Urinalysis

(Signed) Solon Edmerson, M. D.
July 12, 1930 (Address) Metropolitan Bldg

*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
Hannibal Mo	July 13 1930

20. UNDERTAKER	ADDRESS
Alexander & Sons	6175 Delmar