

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Haw  
City K. C. Mo. (No. 1213)

Registration District No. 399  
Primary Registration District No. 1002

File No. 29880  
Registered No. 3685  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. Le Roy Kans 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alice Arnold</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>2-7-1871</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>7</u>	DAYS <u>✓</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Famer.</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer.		

9. BIRTHPLACE (CITY OR TOWN) Ill.  
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Warren Arnold</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Kansas</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Bessie Ruggles</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>East Hunt</u> (STATE OR COUNTRY)	

14. INFORMANT my Alice Arnold  
(Address) Le Roy Kans

15. FILED 9/8, 1936 M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-7-1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1930 19\_\_\_\_, to Sept 7 1930, that I last saw him alive on Sept 7, 1930, and that death occurred, on the date stated above, at 3 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma - stomach and liver. Following gastric ulcerations at age 25 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Nemorhoy from stomach (duration) about 4 hours

18. WHERE WAS DISEASE CONTRAICTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF none

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. M. Price M.D.  
9/9, 1930 (Address) 1119 W. Washington

\*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 Crandall Kans. DATE OF BURIAL 9-9-30

20. UNDERTAKER O. V. Mast ADDRESS K. C. 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.

