

NOV 26 1930

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

Do not use this space.

33569

1. PLACE OF DEATH

County Mississippi
Township Springfield
City Charleston (No.)

Registration District No. 566
Primary Registration District No. 3030

File No.
Registered No. 84
St. Ward)

2. FULL NAME

(a) Residence. No. Opal Arnold St. Ward.
(Usual place of abode) Vine St.

Length of residence in city or town where death occurred yrs. 7 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7, 1930

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER James Arnold
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dexter Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ruby Epiphany
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Charleston Mo.
(STATE OR COUNTRY)

14. INFORMANT J. Carroll
(Address) Charleston Mo.

15. FILED Oct 10 1930 P. S. Vernon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10 1930 3:45 A.M.

17. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1930, to Oct 10, 1930.
that I last saw him alive on Oct 10, 1930, and that death occurred, on the date stated above, at 3:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Enteric Colitis
119 B

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) A. Marshall, M. D.

Oct 10, 1930, (Address) Charleston 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

DATE OF BURIAL

Oak Grove Cemetery

10/11 1930

20. UNDERTAKER

ADDRESS

Lair and Co. Springfield

Charleston

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.

Dr. K.