1930

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

Do not use this space.

33910

1. PLACE OF DEATH
County St Charles Registration District No. 760
Township Dardenne Primary Registration District No. 6001
City St Peters Mo (No. ... St. ... Ward)

File No. ...
Registered No. 155

2. FULL NAME Mrs George 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5a. IF MARRIED, WIDOWED, OR DIVORCED Married HUSBAND OF (OR) WIFE OF Geo Arnold

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 13 - 1870

7. AGE Years 60 Months 5 Days 28 If LESS than 1 day, ... hrs. or ... min.

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

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

PARENTS
10. NAME OF FATHER John Burris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Georgeann Adams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Jake Arnold
(Address) St Peters Mo

15. FILED 10/11 1930 J. M. Jenkins M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) ... 19

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1927 to Oct 10, 1930
that I last saw her alive on Oct 9 P, 1930, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131 (duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ... (duration) ... yrs. ... mos. ... ds.

1210

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? Usual
(Signed) L. H. Josenuyer, M.D.
, 19 (Address) O'Fallon 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 All Saints Cemt.
DATE OF BURIAL Oct 15 1930

20. UNDERTAKER Henry Wahlman
ADDRESS St Peters Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.