

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

Do not use this space.

2610

1. PLACE OF DEATH

County Ripley
Township Thomas
City Naylor (No. _____)

Registration District No. 75-1
Primary Registration District No. 5990

File No. 3A2
Registered No. 4
St. _____ Ward _____

FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 11 ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-14-1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 11 29

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

child at home

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Naylor Ripley Co. Mo.

PARENTS

10. NAME OF FATHER Luther Arnold

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Doniphan Ripley Mo.

12. MAIDEN NAME OF MOTHER Sylvia

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Doniphan Ripley Co. Mo.

14. INFORMANT Luther Arnold
(Address) Naylor Mo.

15. FILED 1/16 1931 H. E. White REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-14-1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1931, to Jan 14, 1931 that I last saw h. alive on Jan 14 1931 and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Edema of glottis

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? clinical
(Signed) H. E. White, M. D.
1/15 1931 (Address) Naylor 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 Marlin Cem - DATE OF BURIAL Jan 16 1931
20. UNDERTAKER Mrs. M. Gish ADDRESS Naylor, 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.

