

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.

MAR 27 1931

# BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

8426

## 1. PLACE OF DEATH

County Calver  
 Township East End  
 City West Springs (No. \_\_\_\_\_)

Registration District No. 8000  
 Primary Registration District No. 1480

File No. \_\_\_\_\_  
 Registered No. 7  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

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

Length of residence in city or town where death occurred 35 yrs. mos. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hulda Arndt</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 10. 1857</u>		
7. AGE <u>73</u>	YEARS <u>1</u>	MONTHS <u>25</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Teller of Rail</u> (c) Name of employer <u>Self</u>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>		
PARENTS	10. NAME OF FATHER <u>Arndt</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>	
	12. MAIDEN NAME OF MOTHER <u>Rosine Black</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>	

14. INFORMANT <u>C. C. Arndt</u> (Address) <u>West Springs Mo</u>
FILED <u>Feb 27 1931</u> <u>J. H. Arndt</u> REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5 1931  
 17. I HEREBY CERTIFY, That I attended deceased from Dec 18 1930 to Feb 5 1931, and that I last saw him alive on Jan 30 1931, and that death occurred, on the date stated above, at 8 30 a.m.

46E THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of the Liver  
 (duration) yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) 46E  
 (duration) yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH Place of Death

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) H. H. Arndt M. D.

2-6-1931 (Address) Sweet Springs, 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 <u>Harmon Cemetery</u>	DATE OF BURIAL <u>Feb 8 1931</u>
20. UNDERTAKER <u>A. C. Carter</u>	ADDRESS <u>St. Louis Mo</u>

APR 1 1950