

REV. 2 3 1931

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

Do not use this space.

13699

1. PLACE OF DEATH

County Brunswick
Township Franklin
City Clarkston (No. _____ St. _____ Ward _____)

Registration District No. 284
Primary Registration District No. 4168

File No. _____
Registered No. 9

2. FULL NAME

(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 40 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 HUSBAND OF (OR) WIFE OF Menda Arendell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21-1872
7. AGE YEARS 59 MONTHS 2 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation, (month and year) Oct. 1920 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

13. NAME Edw. Bryant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

15. MAIDEN NAME Hannah Buech

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

17. INFORMANT M. Arendell (ADDRESS) Clarkston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Standfield DATE 4-3 19.31

19. UNDERTAKER J. B. Stemmer (ADDRESS) Clarkston Mo

20. FILED 4-11 1931 J. B. Stemmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-1 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

No medical attendant the past 2 years.
Pulmonary T.B. 1922

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) J. B. Stemmer M. D.

(Address) Clarkston Mo

