

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

Do not use this space.

19047

**1. PLACE OF DEATH**

County Ray  
Township Doniphan  
City Ray (No.       )

Registration District No. 750  
Primary Registration District No. 5985

File No. 10  
Registered No. 1041  
St.        Ward       

**2. FULL NAME**

Robert W. Arnold  
(a) Residence, No.        St.        Ward         
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 2 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 Male 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 Francis Arnold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan (unknown) 1881

7. AGE YEARS 50 MONTHS 5 DAYS — IF LESS than 1 day,        hrs.        or        min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.         
10. Date deceased last worked at this occupation (month and year)        11. Total time (years) spent in this occupation       

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

13. NAME Bud Arnold

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

15. MAIDEN NAME Missouri Long

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

17. INFORMANT Clayton Arnold  
(ADDRESS) R.R. 1, Grandin Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Stevens Cem. DATE June 1 - 1931

19. UNDERTAKER Family & friends  
(ADDRESS)       

20. FILED 6/3 1931 E. B. Johnston  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 31 - 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 6:03 P.

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

75 B Date of onset       

acute alcoholism

Other contributory causes of importance: 75

Name of operation        Date of       

What test confirmed diagnosis?        Was there an autopsy?       

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? no

If so, specify       

(Signed) Clifford H. Fort, M. D.

(Address) Doniphan 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.

JUL 28 1931

