

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

Do not use this space.

20354

File No. \_\_\_\_\_  
Registered No. 128  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

108 County Vernon Co  
Township Washington  
City near Nevada (No. 11)

Registration District No. 875  
Primary Registration District No. 6162

**2. FULL NAME**

Iona Arrasmith

(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 HUSBAND OF (OR) WIFE OF**

Jesse Arrasmith

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Aug. 12, 1898

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>32</u>	<u>8</u>	<u>28</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife 235  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Bates County Missouri

**10. NAME OF FATHER**

Henry Christopher

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**

Ohio

**12. MAIDEN NAME OF MOTHER**

Sadie Butler

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**

Ohio

**14. INFORMANT (Address)**

husband Richard Mc

**15. FILED**

6/5 1931 E. P. King

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** May 10 1931

**17. I HEREBY CERTIFY, That I attended deceased from** May 6, 1931 **to** May 10, 1931  
**that I last saw her alive on** May 9<sup>th</sup>, 1931, and that death occurred, on the date stated above, at 8:30 a.m.

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

119 Acute cardiac dilatation

84  
953/170  
(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)** Toxic psychosis and gastric ulcer  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH?** no. DATE OF \_\_\_\_\_

**20. WAS THERE AN AUTOPSY?** no. (requested)

**WHAT TEST CONFIRMED DIAGNOSIS?** Clinical  
(Signed) Hospital staff per Dr. Hogan, M. D.  
May 10, 1931 (Address) Nevada 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**

Green Lawn

**DATE OF BURIAL**

May 12 1931

**20. UNDERTAKER**

Pond & Reasly

**ADDRESS**

Rich Hill

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.

MAY 29 1931

