WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 24 1931

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

Do not use this space.

24255

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, (No. 1811 Mulberry, St. Ward)

File No.
Registered No. 1 - 738

2. FULL NAME William Lincoln Arnold,
(a) Residence, No. 1811 Mulberry, St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Loa E. Arnold,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 6th. 1857

7. AGE: Years 73 — Months 7 — Days 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Manager Transfer & Storage
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Transfer & Storage
10. Date deceased last worked at this occupation (month and year): July 1931
11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cleveland, Ohio,

FATHER
13. NAME: Abel Arnold,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Palmer, New York,

MOTHER
15. MAIDEN NAME: Mary Ann Combs,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Terre Haute, Indiana,

17. INFORMANT (ADDRESS): Mrs. Wm L. Arnold 1811 Mulberry Street.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Auburn DATE July 8th. 1931

19. UNDERTAKER (ADDRESS): Heaton Br Gobe & Bowman 319 S. 10th. St. Funeral Home

20. FILED JUL 7 1931 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 6th, 1931

22. I HEREBY CERTIFY, That I attended deceased from 6/27, 1931, to July 6, 1931
I last saw him alive on July 3, 1931. Death is said to have occurred on the date stated above, at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart dilatation acute - sudden	

Other contributory causes of importance:

Stomach dilatation acute	6/27/31
arteriosclerosis	about 1928

Name of operation no Date of
What test confirmed diagnosis? Clinical 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? no
If so, specify
(Signed) L C Bauman M. D.
(Address) Kirkpatrick Bldg St Joseph Mo