

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

Do not use this space.

28743

**1. PLACE OF DEATH**

County..... Linn ..... Registration District No. 496  
 Township..... Brookfield ..... Primary Registration District No. 5660  
 City..... (No. ....) St. .... Ward)

**2. FULL NAME** Johnnie Milton Arbuckle

(a) Residence, No. R. 2, Brookfield, Mo. ..... Ward. ....  
 (Usual place of abode) ..... (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 5 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
25 8 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Farming  
 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) Near Bucklin, Missouri

FATHER 13. NAME Nathaniel Frederick Arbuckle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon County, Missouri

MOTHER 15. MAIDEN NAME Mary Bell Pippin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon County, Missouri

17. INFORMANT (ADDRESS) Mrs. Mary Bell Arbuckle, R. 2, Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE High Hill Cem. DATE Aug. 10, 1931

19. UNDERTAKER M. V. Busk (ADDRESS) Brookfield, Mo.

20. FILED 8-10 1931 Bessie M. Fore Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931 to Aug 8, 1931.  
 I last saw him alive on Aug 8, 1931. Death is said to have occurred on the date stated above, at 12:00 P.M.  
 The principal cause of death and related causes of importance were as follows:

Acute Meningitis - Streptococcus  
79A 115B  
 Other contributory causes of importance: Abscess of Upper Molar Teeth  
 Date of onset 7/29/31

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? smear 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) Ray R. Valley M. D.  
 (Address) Brookfield, 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.

SEP 24 1931

WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

