

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.

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

Do not use this space.

30745

## 1. PLACE OF DEATH

County Cass  
Township Shurman  
City Creighton, (No. 3074)

Registration District No. 150  
Primary Registration District No. 3074

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

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred 27 yrs. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Rebecca Arnold</u> (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 9, 1866</u>		
7. AGE <u>67</u>	YEARS <u>6</u>	MONTHS <u>8</u>
		DAYS <u>8</u>
		IF LESS THAN 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Merchant</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept 13, 1931</u>	
		11. Total time (years) spent in this occupation <u>27 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Creighton, Mo</u>		
FATHER	13. NAME <u>Clinton Arnold</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Hook</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Edgar M. D. Luff</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Brecksridge</u> DATE <u>Sept 16, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Harry Smith</u>		
20. FILED <u>Sept 15, 1931</u> <u>Mrs. P. P. Cyle</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Sept 15, 1931</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 6, 1931</u> to <u>Sept 15, 1931</u> I last saw him alive on <u>Sept 16, 1931</u> Death is said to have occurred on the date stated above, at <u>120</u> The principal cause of death and related causes of importance were as follows: <u>Cerebral Apoplexy</u> <u>HTA</u> <u>gla</u> <u>W</u>
Date of onset _____
Other contributory causes of importance _____

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? _____ If so, specify _____ (Signed) <u>Edgar M. D. Luff</u> (Address) <u>Creighton, Mo</u>	

OCT 22 1931

