

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

Do not use this space.

33795

1. PLACE OF DEATH

County Cass
Township Wright
City Richland

Registration District No. 275
Primary Registration District No. 5770B

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME

Martha Ellen Arnold

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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 21 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (or) WIFE OF James Arnold
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21st 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 5 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Jan 1st 1931 11. Total time (years) spent in this occupation 68

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co. Mo.

13. NAME Joseph Noffsinger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co. Mo.

15. MAIDEN NAME Sarah Thornberry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wenden Co. Mo.

17. INFORMANT (ADDRESS) Floyd Arnold Richland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. View DATE 10-27-31

19. UNDERTAKER (ADDRESS) R.B. Zupps Richland Mo.

20. FILED Nov 15 1931 W.O. Paulson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26-31

22. I HEREBY CERTIFY That I attended deceased from Jan 16-1931 to Oct 26-1931

I last saw him alive on Oct 26-1931 Death is said to have occurred on the date stated above, at 1:13 P.

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

Cancer of bowels Date of onset unknown

Other contributory causes of importance:

Name of operation Intestotomy Date of March 1931

What test confirmed diagnosis? 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 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) Evertt A. Oliver M. D.
(Address) Richland Mo.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Camden
 Township Anglaise
 City (No. , St. Ward)

Registration District No. 275
 Primary Registration District No. 57708

File No.
 Registered No. 13

2. FULL NAME Martha Ellen Arnold

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 - 1863

7. AGE YEARS 68 MONTHS 5 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE , 19

19. UNDERTAKER (ADDRESS)

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 - 1931

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at m.

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

Cancer of bowels
Hepatic Tuberculosis

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) , M. D.
 (Address)

SUPPLEMENTARY

S-33795