

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

Do not use this space.

35286

**1. PLACE OF DEATH**

County Pettis

Registration District No. 664

Township Green Ridge

Primary Registration District No. 4397

City Green Ridge (No. ....)

St. ....

Ward) ....

**2. FULL NAME**

Louisa M. Arnett

(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)**

M

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND or (OR) WIFE OF

Jacob Arnett

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

Oct 18 - 1853

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. or .... min.

77

11

26

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

Housekeeper

(c) Name of employer

Her Own

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

(STATE OR COUNTRY)

Jefferson Co Mo

**10. NAME OF FATHER**

LUCIOUS - OAKES

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

(STATE OR COUNTRY)

unknown

**12. MAIDEN NAME OF MOTHER**

Mati L D A Coleman

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

(STATE OR COUNTRY)

unknown

**14.**

INFORMANT

(Address)

Dollie A. Willis, Green Ridge Mo

**15.**

FILE

Oct 14, 1931

C. R. Shelley

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Oct 14 1931

**17.**

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Oct 14, 1931

that I last saw her alive on Oct 13, 1931, and that death occurred, on the date stated above, at 12:30 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of Breast

50 50 53 1/2

(duration) 2 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY)

metastasis to hip

(duration) 2 yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, .....

**19. DID AN OPERATION PRECEDE DEATH?**

no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. L. Walter, M. D.

Oct 14, 1931 (Address)

Sedalia 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**

DATE OF BURIAL

Green Ridge, Mo

Oct 16 1931

**20. UNDERTAKER**

ADDRESS

C. R. Shelley

Green Ridge Mo

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.

NOV 5 1931

