

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.

DEC 21 1931

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Dent
 Township Osage
 City (No.)

Registration District No. 266Primary Registration District No. 3-375-

37286

File No. Registered No. 68St. Ward

2. FULL NAME

Mrs John Arisman(a) Residence, No.
(Usual place of abode)St. Ward

(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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<u>wife</u> the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>John Arisman</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 14 - 1894</u>		
7. AGE <u>37</u>	YEARS	MONTHS
	DAYS	If LESS than 1 day, <u> </u> hrs. or <u> </u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) <u>Dent Co</u> (STATE OR COUNTRY) <u>Mo</u>
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13. NAME <u>W. L. King</u>

14. BIRTHPLACE (CITY OR TOWN) <u> </u> (STATE OR COUNTRY) <u>Ky</u>

15. MAIDEN NAME <u>Lizzie Pryor</u>

16. BIRTHPLACE (CITY OR TOWN) <u> </u> (STATE OR COUNTRY) <u>Tenn</u>

17. INFORMANT <u>John Arisman</u> (ADDRESS) <u>Salem Mo</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Boss Cem.</u> DATE <u>11/16</u> 19 <u>31</u>
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19. UNDERTAKER <u>Carl Spencer</u> (ADDRESS) <u>Salem Mo</u>

20. FILED <u>11/16</u> 19 <u>31</u> <u>H. E. Ruedel, Jr.</u> Registrar.
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/15 193122. I HEREBY CERTIFY, That I attended deceased from Nov - 9 1931, to Nov 14 1931I last saw h. EN alive on Nov 14 1931. Death is saidto have occurred on the date stated above, at 7:00 P. M.

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

myocarditis (acute) 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? no 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) Salem Mo

