

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

Do not use this space.

37714

1. PLACE OF DEATH

County Jackson Registration District No. 309
 Township Ray Primary Registration District No. 3003 File No. 37714
 City St. Louis (No. St. Louis) St. Louis Registered No. 11-15-31
 (No. St. Louis) St. Louis St. Polo, Mo Ward)

2. FULL NAME

(a) Residence, No. Agnes Marie Arnata St., 2 Ward, Polo, Mo
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26th 1921</u>		
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. <u>10</u> <u>3</u> <u>week</u> <u>19</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>		
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) <u>Mo</u>		
13. NAME <u>Adam Arnata</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Clara Cox</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT (ADDRESS) <u>Karl Cox</u>		
18. BURIAL, CREMATION, OR REMOVAL (Ray County) PLACE <u>Bethel Cem.</u> DATE <u>11/15, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Despatch & Crowley</u>		
20. FILED <u>11/15, 1931</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov-14, 1931, to Nov-15, 1931
 I last saw her alive on Nov-14, 1931 Death is said to have occurred on the date stated above, at 3 a. m.
 The principal cause of death and related causes of importance were as follows:
Severe 2nd & 3rd Degree Burns on face & body - 181
 Date of onset 11-14-31

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 11-15, 1931
 Where did injury occur? Polo, Caldwell Co. Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury Burned in home
 Nature of injury ext. res. Burns

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify. Ror U. Stevens M. D.
 (Signed) 6247 Brookside Blvd. (Address)

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.

OK. By Coroner

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City *K. City* (No..... St..... Ward.....)

Registration District No. *399*
Primary Registration District No. *1002*

File No.....
Registered No. *45-80*

2. FULL NAME

Agnes Marie Armat
(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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *S.*
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

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. UNDERTAKER (ADDRESS)

20. FILED *11/3/32* *m. m. Carow* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 15, 1931*

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

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

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

Severe 2nd & 3rd degree burns on face & body. House burned by
Date of onset

Other contributory causes of importance:

180

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) *Roy U. Adams*, M. D.
(Address) *6747 Producers*

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-37714