

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.

40775

1. PLACE OF DEATH

County HuvelRegistration District No. 382Township West PlainsPrimary Registration District No. 4277City West PlainsFile No. 1824

Registered No. _____

St. _____

Ward) _____

2. FULL NAME

(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

ma

4. COLOR OR RACE

wh5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

June 14 1885

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.7263

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Retired Merchant9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

13. NAME

Artherson14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Dont know

15. MAIDEN NAME

Dont know16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

Mrs. Hays Peter Artherson
West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Oak Lawn 12/18 1931

19. UNDERTAKER

(ADDRESS)

McFarland
West Plains, Mo.

20. FILED

12-191931O. A. Hennich
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

12/17 1931

22. I HEREBY CERTIFY, That I attended deceased from

Dec 11 1931 to Dec 17 1931Last saw him alive on Dec 17 1931 Death is saidto have occurred on the date stated above, at 12:45 pm.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation

None

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? no

If so, specify _____

(Signed) _____

Artherson, M. D.

(Address) _____

West Plains, Mo.

1921-12-17
59-6-14
1872-6-3