

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.

File No. 41788
Registered No. 340

1. PLACE OF DEATH

County Pettis
Township Sublin
City Sublin (No. 1310 St. 610 Ward 10)

Registration District No. 668
Primary Registration District No. 3032

2. FULL NAME

(a) Residence, No. 1310 St. 610 Ward 10

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 1930
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
11 26

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) Sublin Mo

FATHER 13. NAME Ralph Arnold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Mo

MOTHER 15. MAIDEN NAME Stella Jewel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Mo

17. INFORMANT (ADDRESS) Ralph Arnold
Sublin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo DATE 12/2/31

19. UNDERTAKER (ADDRESS) Stella Jewel
Sublin Mo

20. FILED 12-2-31 REGISTRAR J. L. Love

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1931, to Nov 1, 1931

I last saw him alive on Dec 1, 1931 Death is said

to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

Eschweria rickettsii Date of onset Sept 29, 31

Other contributory causes of importance:

Name of operation none Date of none

What test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury none, 1931

Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify none

(Signed) Chas. J. Love, M. D.

(Address) Sublin Mo

