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.

23 1932

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

Do not use this space.

43049

1. PLACE OF DEATH
County Saline
Township
City Marshall (No. Fitzgibbons Hospital St. Ward)
Registration District No. 796
Primary Registration District No. 3038
File No.
Registered No. 167

2. FULL NAME John Lee Van Arsdale
(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 Male
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) July 7, 1906.
7. AGE YEARS 25 MONTHS 4 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Saline County Mo.

FATHER
13. NAME W. O. Van Arsdale
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Ara Odell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Mo.

17. INFORMANT (ADDRESS) W. O. Van Arsdale Marshall, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park Cem DATE Dec. 3, 1931
19. UNDERTAKER (ADDRESS) L. R. Vandiver Marshall Mo.
20. FILED 12-8- 1931 Mrs. John H. McGuire Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 26- 1931, to Dec 2- 1931
I last saw him alive on Dec 2- 1931. Death is said to have occurred on the date stated above, at 8:05 A.m.
The principal cause of death and related causes of importance were as follows:

Meningitis — Date of onset Dec 1-31

210 210M 77A

Other contributory causes of importance:
Concussion and Laceration of Brain - Caused by automobile accident

Name of operation wounds stitched Date of Nov. 26-31
What test confirmed diagnosis? Chinese Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 26 1931
Where did injury occur? 8 M - E. Marshall Mo on 41 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on 41 Highway
Manner of injury Hard blow to Head
Nature of injury 2 Scalp + nose wound

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Geo. S. Hardin, M. D.
(Address) Marshall Mo.