

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.

43094

1. PLACE OF DEATH

County Scott Registration District No. 851
Township Richland Primary Registration District No. 6070
City Liberty (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Mary Arnold</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29-1900</u>		
7. AGE <u>31</u> Years	MONTHS <u>4</u>	DAYS <u>15</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farm labor</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>Scott Co Mo</u>		
13. NAME <u>Foster Arnold</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scott Co</u>		
15. MAIDEN NAME <u>Mary Higgs</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scott County Mo</u>		
17. INFORMANT (ADDRESS) <u>Foster Arnold</u> <u>Blacksburg PR #1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland Mo</u> DATE <u>Dec 16 1931</u>		
19. UNDERTAKER (ADDRESS) <u>John H. Hutton</u> <u>Blacksburg Mo</u>		
20. FILED <u>181</u> <u>31</u> <u>Walter E. Dunn</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1931

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

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 8 P. M.

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

Killed by being struck by an auto mobile

He was killed accidentally on highway 60 about 1 1/2 miles west of Highland Mo

2:10 P. M.

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? accident Date of injury Dec 14 1931
Where did injury occur? 1 1/2 miles west of Highland Mo on highway 60 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by automobile

Nature of injury Killed

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Frank S. Vernon M. D.
(Address) Highland Mo

