

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

Do not use this space.

4726

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Law Primary Registration District No. 1002
City Kansas City, Mo. Research Hoops St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 502 W. Ohio St., 1 Ward. Butler, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. J. W. Arnold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>51</u>	<u>11</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Kingville Mo

13. NAME Doctor Levy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Rosanna Cherry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Don W. Arnold Jr. (ADDRESS) Butler, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Butler, Mo. DATE 2/14 1932

19. UNDERTAKER E. C. Culver (ADDRESS) Butler, Mo

20. FILED 2/13 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1932, to Feb 13 1932

I first saw h. e. v. alive on Feb 13 1932 Death is said to have occurred on the date stated above, at 1:00 p. m.

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

Pneumococcal Septicemia Date of onset 2/11/32
1918-1919

Other contributory causes of importance: Upper respiratory infection probably influenza about 2/1-32

Name of operation _____ Date of _____
What test confirmed diagnosis? Leukocytosis Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1932

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) R. A. Edwards, M. D.
(Address) 1024 Professor Bldg.

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.

