

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

Do not use this space.

5687

1. PLACE OF DEATH

County Phelps Registration District No. 677
Township Rolla Primary Registration District No. 4403
City Rolla (No. _____) St. _____ Ward _____

2. FULL NAME Josephine M. Arthur

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr S.F. Arthur

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 19, 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>75</u>	<u>10</u>	<u>25</u>	

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) Phelps Co
(STATE OR COUNTRY) Mo

MOTHER 13. NAME F.M. Lenox

FATHER 14. BIRTHPLACE (CITY OR TOWN) Dont Know
(STATE OR COUNTRY) Ill

MOTHER 15. MAIDEN NAME Elizabeth Newport

FATHER 16. BIRTHPLACE (CITY OR TOWN) Clark Co
(STATE OR COUNTRY) Ill

17. INFORMANT Mrs. W.L. Bradford
(ADDRESS) Rolla, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Spring, Mo DATE Feb 15, 32

19. UNDERTAKER Mull & Dicklider
(ADDRESS) Rolla Mo

20. FILED Feb. 15, 1932 Joe F. Ayers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Feb 14, 1932
I last saw him alive on Feb. 14, 1932 Death is said

to have occurred on the date stated above, at 1 A. m.

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

Gastric Ulcer
117A
170A
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 0
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) William McFarland, M. D.
(Address) Rolla Mo.

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.

81
24
MAR 24 1932

