

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.

APR 28 1934

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

Do not use this space.

9756

1. PLACE OF DEATH

91 County Ripley
Township Washington
City Missouri

Registration District No. 750
Primary Registration District No. 5945

File No. 11
Registered No. 1083
St. _____ Ward _____

2. FULL NAME

Musco C. Arnold

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 11 mos. 22 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 Male 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write in word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR WIFE OF) Elizabeth Arnold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-18-1856

7. AGE YEARS 75 MONTHS 11 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

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) Ripley Co. Mo.

13. NAME Arnold

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

15. MAIDEN NAME unknown

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

17. INFORMANT Ida C. Mounce
(ADDRESS) Wentworth Miss.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Arnold Cem. DATE 3-13-34

19. UNDERTAKER J. L. Simpson
(ADDRESS) 313 32 E. Johnston

20. FILED 313 19 34 E. Johnston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-17-34

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1930, to March 10, 1932
I last saw him alive on March 10, 1932. Death is said to have occurred on the date stated above, at 8:10 P.M.
The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease Date of onset 2-2-1930

92A
97 92A

Other contributory causes of importance. Arteriosclerosis 2-2-1929

Name of operation none Date of _____

What test confirmed diagnosis? clinical 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 _____, 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 _____

Nature of injury _____

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

(Signed) R. L. Turner, M. D.
(Address) Keelyville Mo.

de 27/10/1970

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CAUSE

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dixie
Township Washington
City Washington (No.)

Registration District No. 751
Primary Registration District No. 3995

File No. 413
Registered No. 86
St. Ward

2. FULL NAME

Miss C. Arnold

(a) Residence, No. St. Ward
(Usual place of abode)

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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Elizabeth Arnold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18-1856

7. AGE YEARS 73 MONTHS 11 DAYS 23 If LESS than 1 day, hrs. or min.

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) Dixie Co Mo

13. NAME Arnold

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Ida C. Mounce
Vickie G. Mounce

18. BURIAL, CREMATION, OR REMOVAL Arnold Cem DATE 3-13 1932

19. UNDERTAKER (ADDRESS) Jordan
Constitution Mo

20. FILED 710 1932 Steele

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 28 1931 to Mar 10 1932

I last saw him alive on Mar 10 1932 Death is said to have occurred on the date stated above, at 9:10 P m.

The principal cause of death and related causes of importance were as follows:
Valvular heart disease (Date of onset 2-2-30)

Other contributory causes of importance:
Arteriosclerosis 7/2/29

Name of operation none Date of
What test confirmed diagnosis? Clinical 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 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) P. L. Turner M. D.
(Address) Neelyville Mo

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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