

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

Do not use this space.

11360

1. PLACE OF DEATH

County Johnson Registration District No. 876
Township Washington Primary Registration District No. 6162
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Bessie Arnold
(a) Residence, No. State Hospital #3, St. _____, Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>PR? 1876</u>		
7. AGE <u>46</u>	YEARS <u>-</u>	MONTHS <u>-</u>
	DAYS <u>-</u>	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) 31

PARENTS	10. NAME OF FATHER "
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) "
	12. MAIDEN NAME OF MOTHER "
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) "

14. INFORMANT State Hospital #3
(Address) Nevada Ave

15. FILED 4-9-32 E.R. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21 1932

17. I HEREBY CERTIFY, That I attended deceased from April 30, 1925, to March 21, 1932 that I last saw her alive on March 21, 1932, and that death occurred, on the date stated above, at 5:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A (duration) ? yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 23 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Lab.

(Signed) H. Snydoff, M. D.

March 21, 1932 (Address) State Hospital #3

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hospital Cemetery DATE OF BURIAL 3/23/1932

20. UNDERTAKER Long Funeral Home ADDRESS Nevada Ave

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 30 1934

