

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

Do not use this space.

11360

**1. PLACE OF DEATH**

County Union Registration District No. 876  
Township Washington Primary Registration District No. 6162  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 83

**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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) PK? 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
46      -      -

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife 2.35  
(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 4-9-1932 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. da.  
CONTRIBUTORY 23 (SECONDARY) (duration) \_\_\_\_\_ yrs. mos. da.

**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 Feng Funeral Home Nevada ADDRESS \_\_\_\_\_

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

RECORD WITH CHANGING NUMBERS IS A PERMANENT RECORD

