

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

Do not use this space.

11905

1. PLACE OF DEATH

County Osage

Registration District No. 157

Township Pleasant Hill

Primary Registration District No. 4091

City Pleasant Hill (No.)

St. Ward)

2. FULL NAME Thomas A. McArthur

(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 Male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14/1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 1 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Job. Printing shop.
10. Date deceased last worked at this occupation (month and year) Apr. 1932 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn / 2

MOTHER 13. NAME Wm A. McArthur

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

15. MAIDEN NAME Nettie Butler

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

17. INFORMANT Sherman McArthur (ADDRESS) Pleasant Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE April 4 1932

19. UNDERTAKER W. W. Brown (ADDRESS) Pleasant Hill

20. FILED Apr - 3 1932 L. B. Murray, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1932

22. I HEREBY CERTIFY, That I attended deceased from March 30 1932 to April 2 1932

I last saw him alive on April 2 1932 Death is said to have occurred on the date stated above, at 10 a.m.

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

acute myocardial insufficiency Date of onset 9-10-31
7-3-10

Other contributory causes of importance:

Coronary atherosclerosis (1)

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) C. L. Clough M. D.

(Address) Pleasant Hill 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.

MAY 28 1932

