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

Do not use this space.

15944

MAY 25 1932

1. PLACE OF DEATH

42

County _Henry_   Registration District No. _347_   File No. ____

Township _Clinton_   Primary Registration District No. _5-489_   Registered No. _43_

City _____ (No. _____ ,   _____ St. _____ Ward)

2. FULL NAME _Sallie Arnold_

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _H. J. Arnold Dec_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _1864-7-15_

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	67	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _House Keeper_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _2.35_

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) _Texas_ 2

13. NAME _Jessie F. Heard_

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

15. MAIDEN NAME _Mary Agnes Dudley_

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

17. INFORMANT (ADDRESS) _Geo Heard Blairstown Mo_

18. BURIAL, CREMATION, OR REMOVAL _Cem_   PLACE _Wm Drumm_   DATE _5-6_   _32_

19. UNDERTAKER (ADDRESS) _Drumm & Hurt Deep Water Mo_

20. FILED _5/15_ 19_32_   _E. D. C. Peeler_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _May 4_ 19_32_

22. I HEREBY CERTIFY, That I attended deceased from _Mch 5_ 19_32_ to _May 4_ 19_32_

I last saw her alive on _May 4_ 19_32_ Death is said to have occurred on the date stated above, at _5 P_ m.

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

Date of onset

Cancer of Liver
age 68

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 ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? _No_

If so, specify ____

(Signed) _Dr. Russell_ M. D.

(Address) _Deep Water Mo_