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

Do not use this space.

16782

File No.

Registered No. 155

1. PLACE OF DEATH

64 County Marion

1 Township Mason

8 City Hannibal (No. 3340, St. Marys St. Ward)

Registration District No. 547

Primary Registration District No. 3029

2. FULL NAME Willis B. Arnold

(a) Residence, No. 3340 St. Marys 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.

JUL 25 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 28, 1856

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
75	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer (Retired

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) Boone Co., Kentucky

FATHER

13. NAME Lewis B. Arnold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co., Kentucky

MOTHER

15. MAIDEN NAME Nancy Cave

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Kentucky

17. INFORMANT Willis K. Arnold (Son
(ADDRESS) Hannibal, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet DATE May 28, 32

19. UNDERTAKER Jno. M. Smith
(ADDRESS) Hannibal, Missouri

20. FILED May 27 1932 C. Clausen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1932 to May 25, 1932

I last saw him alive on May 25, 1932 Death is said to have occurred on the date stated above at 2:00 p.m.

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

Arteriosclerosis of brain — Date of onset 1927

1065

Other contributory causes of importance:

Chronic Bronchitis

Name of operation 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?

If so, specify

(Signed) J. C. Phillips, M. D.

(Address) 500 Broadway
Hannibal, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD