

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

Do not use this space.

18335

1. PLACE OF DEATH
 County Saline Registration District No. 796
 Township _____ Primary Registration District No. 6039
 City Marshall (No. _____) St. _____ Ward _____

2. FULL NAME Gene Forest Van Arsdale
 (a) Residence, No. _____ 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.

File No. _____
 Registered No. 6

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.

97
5
7

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 Mrs. Mary Van Arsdale

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 4 - 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>55</u>	<u>8</u>	<u>27</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Warrens (STATE OR COUNTRY) Ky.

10. NAME OF FATHER John W. Van Arsdale

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Sarah P. Proctor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ky.

14. INFORMANT Mrs. Mary Van Arsdale (Address) _____

15. FILED 5-1-32 A. L. Putnam REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 1932

17. I HEREBY CERTIFY, That I attended deceased from Apr. 19 1932 to May 1 1932 that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at 11-15 _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic parenchymatous hepatitis
131 (duration) _____ yrs. mos. da.
 CONTRIBUTORY Unknown (SECONDARY) (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 131
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Laboratory
 (Signed) W. Miller, M. D.

*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 Ridge Park Cem. DATE OF BURIAL May 2 1932
 20. UNDERTAKER T. W. Campbell Marshall ADDRESS _____

