

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.

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

Do not use this space.

18687

1. PLACE OF DEATH

10 County Boone Co.
Township Columbia
City Boone

Registration District No. 73
Primary Registration District No. 5112

File No. _____
Registered No. 139
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 47-10-6 St. _____ Ward. Columbia Mo.
(Usual place of abode)
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, 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) July 22, 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 10 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Boone County, Mo.
(STATE OR COUNTRY) Missouri

13. NAME Allen H. Arnold

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

15. MAIDEN NAME Elizabeth Branch

16. BIRTHPLACE (CITY OR TOWN) Boone
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. James B. Arnold
(ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbia, Mo. DATE 6-13-1932

19. UNDERTAKER Barber Furniture Co.
(ADDRESS) 1621 10th St.

20. FILED 6/13/1932 Allie Selby
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1931, to June 11, 1932
I last saw him alive on June 11, 1932 Death is said to have occurred on the date stated above, at 8 P. M.
The principal cause of death and related causes of importance were as follows:

82A Date of onset June 8, 1932
Cerebral Hemorrhage

Other contributory causes of importance: Had had a fever state

7-1-1931

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) J. R. Sharpe, M. D.

(Address) Columbia, Mo.

