

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.

21673

1. PLACE OF DEATH

1 County Shelby
2 Township Clay
3 City Clarence (No. 1)

Registration District No. 927
Primary Registration District No. 4500

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Fannie Arnett
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20-1856

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rtd Salesman
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) 1932
11. Total time (years) spent in this occupation 76

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leonard, Mo.

13. NAME M. Andrews Arnett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Judith F. Green
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT Dr. Andrew Arnett (ADDRESS) Shelby, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarence Mo. DATE June 28, 1932

19. UNDERTAKER (ADDRESS) Hamilton & Co Clarence Mo.

20. FILED 6/27, 1932 Ray Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1932

22. I HEREBY CERTIFY That I attended deceased from July 1931 to June 26, 1932
I last saw him alive on June 26, 1932. Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Carcinoma of stomach Date of onset 1928

Other contributory causes of importance: 41 B 46 B 118

Name of operation Gastroenterostomy Date of 1931
What test confirmed diagnosis? Biopsy Was there an autopsy? No

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) D. H. Harlan M. D.
(Address) Clarence Mo.

