21897-1

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

Do not use this space.

21897-A

1. PLACE OF DEATH
6 County Barton — Registration District No. 40 — File No.
Township Northfork — Primary Registration District No. 5061 — Registered No. 27
City ..... (No. ..... St. ..... Ward)

2. FULL NAME .....
(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: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 4, 1932

7. AGE: Years 0 — Months 0 — Days 0 — If LESS than 1 day, 4 hrs. or 0 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None — 159
(b) General nature of industry, business, or establishment in which employed (or employer): 1310
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Barton Co. Mo

PARENTS
10. NAME OF FATHER: Earnest Arnold
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany — 10
12. MAIDEN NAME OF MOTHER: Julia Rehm
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Earnest Arnold
(Address): Lamar Mo

15. FILED July 15 1932 — A. J. Myratt, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

✓

16. DATE OF DEATH (MONTH, DAY AND YEAR): July - 4 - 1932

17. I HEREBY CERTIFY, That I attended deceased from ..... at birth to ....., 19.....
that I last saw him alive on 7-4-, 1932, and that death occurred, on the date stated above, at 4-30-a- m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Do not know of definite cause. Birth was premature, baby was deformed, club foot & other minor deformities (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

159

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ..... (1)
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. H. Knott, M. D.
7-5-, 1932 (Address) Jasper, Mo.

*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: German Cem — DATE OF BURIAL: July 4th 1932

20. UNDERTAKER: Teeter Bros — ADDRESS: Jasper 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.

OCT 24 1932