

SEP 26 1932

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

Do not use this space.

27078

1. PLACE OF DEATH

County St. LouisRegistration District No. 735Township South CreekPrimary Registration District No. 3034City Madison (No. 1)

File No. _____

Registered No. 62

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1

(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.

Ward.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Male Arnold

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

Jan -25-1897

7. AGE

YEARS

55

MONTHS

8

DAYS

2

If LESS than 1

day, _____ hrs.

or _____ min.

OCCUPATION

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

235

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Housewife

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)

Monroe Co. La.

FATHER MOTHER

13. NAME

John Parish

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

Mo

15. MAIDEN NAME

Eliza Holder

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

Mo

17. INFORMANT (ADDRESS)

Maes Arnold

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Madison

DATE

Aug 29, 1932

19. UNDERTAKER (ADDRESS)

Fred A. Thompson
Madison

20. FILED

8/27

19.32

Thos. S. Fleming
Registered

2 MEDICAL CERTIFICATE OF DEATH

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

Aug. 27 1932

22. I HEREBY CERTIFY, That I, attended deceased from

Feb. 26, 1932 to Aug. 26, 1932I last saw her alive on Aug. 26, 1932 Death is saidto have occurred on the date stated above, at 12:30 A.M.

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

Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Chronic Nephritis

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)

H. R. Longdon, M. D.

(Address)

Madison Mo

