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

Do not use this space.

29105

File No. 61

Registered No.

1. PLACE OF DEATH
45 County Howard,
24 Township
4 City Fayette, (No. , St. Ward)

Registration District No. 878

Primary Registration District No. 4222

2. FULL NAME Louisa Major Arline.

(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.

OCT 26 1932

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female.	White	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 28th 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	83	7	28	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri 1

PARENTS

10. NAME OF FATHER Samuel C. Major.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia. 2

12. MAIDEN NAME OF MOTHER Elizabeth Bailey.

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

14. Mrs Issac P Ryland.
INFORMANT
(Address) Kansas City. Mo.

15. FILED Oct 1, 1932 W. O. Bonham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/26/32 19

17. I HEREBY CERTIFY, That I attended deceased from 9-26, 1932, to , 19
that I last saw her alive on 9-24, 1932 and that death occurred, on the date stated above, at 2 00/a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation of Heart

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Senile Dementia + Myocarditis (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ✓
DID AN OPERATION PRECEDE DEATH no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? home

(Signed) Wm Bledsoe, M. D.
, 19 (Address) Fayette 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	DATE OF BURIAL
City Cemetry 9/27 32	19

20. UNDERTAKER	ADDRESS
Guy T. Halley. Fayette,	Mo.