

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

City St. Joseph,

(No. 2226)

Primary Registration District No. 1001

2226 Main

File No. 31534

Registered No. 1084

St. _____ Ward _____

2. FULL NAME Johanna Arnhold,

(a) Residence, No. 2226 Main St., _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred Arnhold,</u>		

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb'y. 6. 1871</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>61</u>	<u>8</u>	<u>19</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>
	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) Cocsfeld, Germany, 10

FATHER 13. NAME Henry Jelich,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

MOTHER 15. MAIDEN NAME Christina Hardt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

17. INFORMANT Fred Arnhold
(ADDRESS) 2226 Main Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cem. DATE Oct. 27 th. 1932

19. UNDERTAKER Chas. B. Blyskal & Broun
(ADDRESS) 319 S. 10th. St. General Sars

20. FILED 10-28-32-19 John R. Bender
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1932

22. I HEREBY CERTIFY, That I viewed _____
_____ 19____, to _____ 19____

I last saw h_____ alive on _____ 19____. Death is said to have occurred on the date stated above, at 8:45 a.m.

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

Cerebral apoplexy
82A
87
821

Other contributory causes of importance: sclerosis Arterio
(5)

Name of operation _____ Date of _____
What test confirmed diagnosis History. 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) W. W. Tadlock-Corones

(Address) 821 Francis

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.

OCT 21 1932

