

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

Do not use this space.

31958

1. PLACE OF DEATH

38 County Spokane
Township E
City Stanberry Mo

Registration District No. 314
Primary Registration District No. 4190

File No. 23
Registered No. 23
St. Ward

2. FULL NAME

Wm Lawrence Arnold
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9-1909
7. AGE YEARS 23 MONTHS 7 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
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) Stanberry Mo

FATHER 13. NAME Wm Arnold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Oak Iowa

MOTHER 15. MAIDEN NAME Cona Jennings

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

17. INFORMANT (ADDRESS) Mrs Cora Arnold Stanberry Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stanberry Mo DATE 10/19/32

19. UNDERTAKER (ADDRESS) Philipp Stanberry Mo

20. FILED 10/8 1932 67 Registrar Bernal

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at m.

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

Accidental Gun Shot wound, from 22 Cal. Rifle. Entering head under right eye. Exiting Brain (while out hunting)
Date of onset 173
Other contributory causes of importance: 184 (5)

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) S. C. Harding Coroner

(Address) Albany Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

NOV 23 1932

