

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

Do not use this space.

32498

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. 399
 City Kansas City, Mo. No. Gen Hosp 1002

File No. _____
 Registered No. 4028 St. _____ Ward _____

2. FULL NAME

Wlysses Arnold jr.
 (a) Residence, No. 12319 Lydia Ave. St. 4 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 19th 1932</u>			
7. AGE	YEARS	MONTHS	DAYS
			<u>8</u>
			if LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
	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) <u>Kansas City, Mo.</u>			
MOTHER	13. NAME <u>Wlysses Arnold</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>		
	15. MAIDEN NAME <u>Aleta Jackson</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>		
17. INFORMANT <u>Wlysses Arnold</u> (ADDRESS) <u>12319 Lydia Ave.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge Lawn</u> DATE <u>Oct 29</u> 19 <u>32</u>			
19. UNDERTAKER <u>West Appleton & Jones</u> (ADDRESS) <u>1600 1819th St.</u>			
20. FILED <u>10-28-32 M. M. Crowe</u> <u>asst. Registrar.</u>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27th 1932

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner 1932 to 1932

I last saw _____ alive on _____, 1932. 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:

159
159
 Other contributory causes of importance: _____
 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 _____, 1932

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) Deputy Coroner M. D.
 (Address) _____

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.

