

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

Do not use this space.

33138

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Jefferson  
Township Houstonia  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 665-1  
Primary Registration District No. 4398

**2. FULL NAME** Nancy Arington

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 60 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 OF 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>John C. Arington</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 16-1888</u>		
7. AGE YEARS <u>74</u> MONTHS <u>4</u> DAYS <u>4</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>House Wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>10-32</u>	
		11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cincinnati Ohio</u>		
FATHER	13. NAME <u>George Summell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cincinnati Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Mariah Earhart</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cincinnati Ohio</u>	
17. INFORMANT (ADDRESS) <u>John C. Arington Houstonia Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Houstonia</u> DATE <u>Oct 12 32</u>		
19. UNDERTAKER (ADDRESS) <u>W. C. Whitbrook Houstonia</u>		
20. FILED <u>Oct 12 1932 C. C. Whitbrook Registrar</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1932  
22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1932 to Oct 10 1932  
I last saw him alive on Oct 10 1932 Death is said to have occurred on the date stated above, at 9:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Probably Pneumonia Oct 10  
10:30 A  
10:30 P  
①  
Other contributory causes of importance:  
Heart failure - age

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

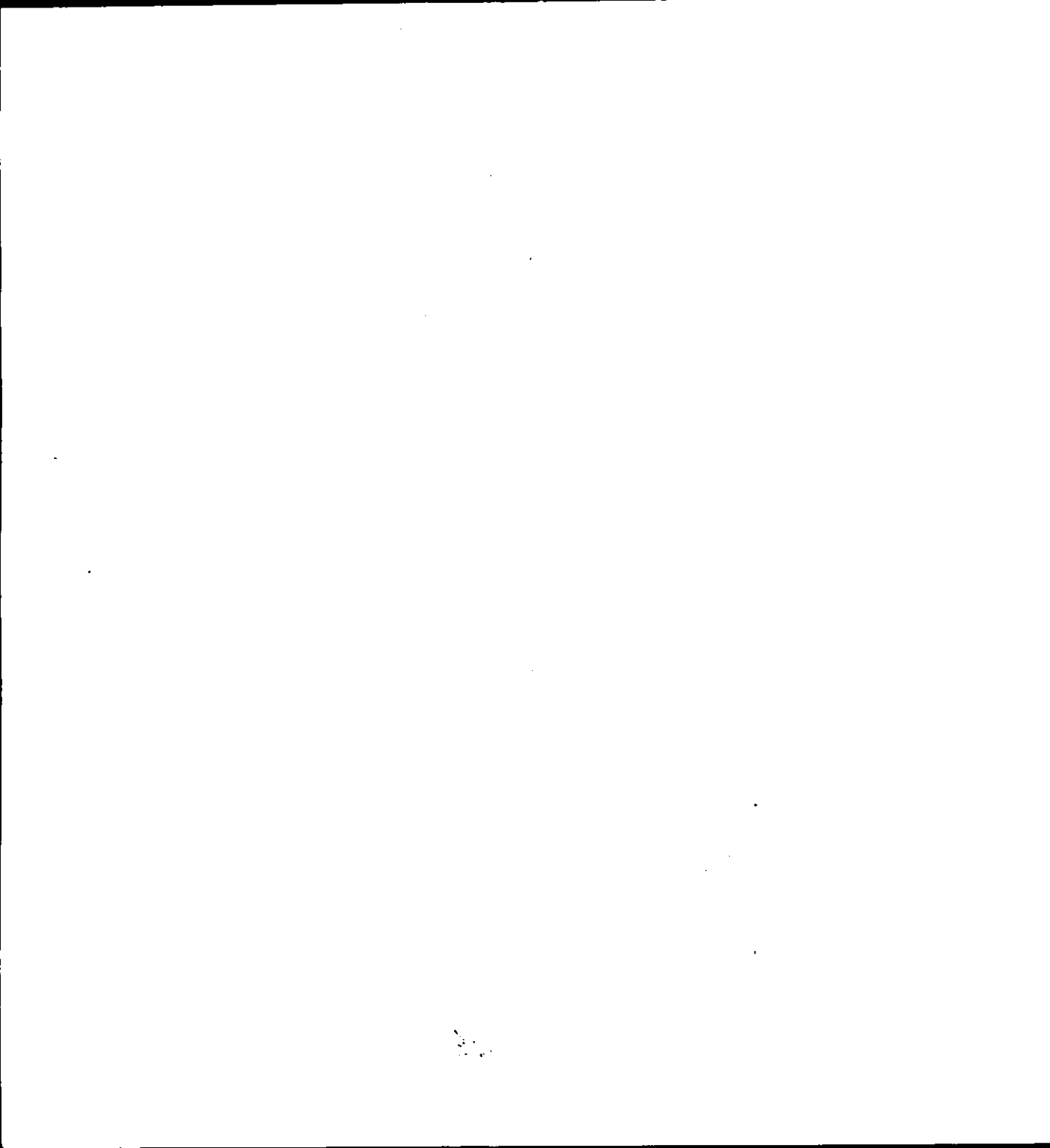
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or 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) C. C. Whitbrook M. D.  
(Address) Houstonia

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.

NOV 28 1932



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

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pettis  
Township Houstonia  
City          (No.         )

Registration District No. 665  
Primary Registration District No. 4398

File No.           
Registered No.           
St.          Ward         

2. FULL NAME

Nancy Arlington

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

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

M

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

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

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)

FATHER  
MOTHER

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER  
(ADDRESS)

20. FILED

Oct 12, 1932 C. L. Pa. Kurek  
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Oct 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from

....., 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:

Date of onset

Probably Pneumonia  
Bronchial

Other contributory causes of importance:

Heart failure - age

Name of operation

Date

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)....., M. D.

(Address).....

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