

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

Do not use this space.

35712

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Jean Primary Registration District No. _____
 City Kansas City (No. 120) General Hosp. St. _____ Ward _____
 Registered No. 1215

2. FULL NAME

Martin Arin
 (a) Residence, No. Helping Hand / Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Dec. 14 - 60</u>				
7. AGE	YEARS <u>71</u>	MONTHS <u>10</u>	DAYS <u>15</u>	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dallas</u>			
	13. NAME <u>Samuel Arin</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Nancy Long</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
17. INFORMANT (ADDRESS) <u>Reverend Clerk, R.C. Gen. Hosp. R.C. Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Seeds</u> DATE <u>11-11-82</u>				
19. UNDERTAKER (ADDRESS) <u>Quirk & John</u>				
20. FILED <u>Nov 11 1932 M. M. Brown</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-2 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-24, 1932 to 11-2, 1932
 I last saw him alive on 11-2, 1932 Death is said to have occurred on the date stated above, at 7:30 P. M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis
7/17/08
 Other contributory causes of importance: (C)
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes
 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) J. E. Williams M. D.
 (Address) Subj. R.C. Gen. Hosp. R.C. Mo.

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.

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