

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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 389

Township Kaw

Primary Registration District No. 1002

City Kansas City

(No. 7125 Washington)

File No. 35787

Registered No. 4295

2. FULL NAME

Arnold, Patricia Dean

(a) Residence, No. 7125 Washington St. 8 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>3</u>	<u>2</u>	<u>24</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.	
	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) Kansas City Missouri

13. NAME Jack Arnold

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

15. MAIDEN NAME Audrey Cook

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

17. INFORMANT (ADDRESS) Jack Arnold 7125 Washington K. C. Mo

18. BURIAL CREMATION, OR REMOVAL PLACE Freemans Ep. Ch. Mo DATE 11-18-1932

19. UNDERTAKER (ADDRESS) Freeman Mortuary 104 W. 42nd St. K. C. Mo

20. FILED Nov 16 1932 M. M. Carraway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1924, to Nov 16, 1932. I last saw her alive on Nov 15, 1932. Death is said to have occurred on the date stated above, at 6:30 m.

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

Acute lymphatic leukemia with metastasis
Pale for 6 mos. very pale 3 mos
Wgt lost in this illness Nov 12-1932

Other contributory causes of importance:
72 W/O

Name of operation None Date of None

What test confirmed diagnosis? Ward picture 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? If so, specify

(Signed) Edwin Henry Schner, M. D.
(Address) 822 West 14th, Kansas City, Mo.

