

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.

JAN 21 1933

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

38301

## 1. PLACE OF DEATH

County BarryRegistration District No. 30Township MonettPrimary Registration District No. 5040City Monett (No.       )St.        Ward       

## 2. FULL NAME

(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 <u>m</u>	4. COLOR OR RACE <u>w</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>      </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 8, 1857</u>		
7. AGE <u>75</u>	YEARS <u>3</u>	MONTHS <u>1</u>
DAYS <u>      </u>		If LESS than 1 day, <u>      </u> hrs. or <u>      </u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>      </u>
	10. Date deceased last worked at this occupation (month and year) <u>      </u>
11. Total time (years) spent in this occupation <u>      </u>	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) <u>Bordeaux</u> (STATE OR COUNTRY) <u>France</u>
	13. NAME <u>Stephens Arnaud</u>
	14. BIRTHPLACE (CITY OR TOWN) <u>Bordeaux</u> (STATE OR COUNTRY) <u>France</u>
	15. MAIDEN NAME <u>Marie Marcelle</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>Bordeaux</u> (STATE OR COUNTRY) <u>France</u>

17. INFORMANT (ADDRESS) <u>Stephens Arnaud</u> <u>Monett Mo</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walden</u> DATE <u>12/11, 1932</u>
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19. UNDERTAKER (ADDRESS) <u>Callaway</u> <u>Monett Mo</u>
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20. FILED <u>12-10-</u> <u>1932</u> <u>W. R. West</u> Registrar.
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## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 193222. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1932 to Dec 9, 1932I last saw him alive on Dec 9, 1932 Death is saidto have occurred on the date stated above, at 5 P. m.

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

Coronary occlusion

Date of onset

Dec 7-32Other 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       , 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) Ernest Mitchell, M. D.(Address) Monett Mo.

MAR 7 1945