

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 23 1933

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

Do not use this space.

39092

1. PLACE OF DEATH

County Franklin
Township Campbell Union
City _____ (No. _____)

Registration District No. 282
Primary Registration District No. 5401

File No. _____
Registered No. 53
St. _____ Ward _____

2. FULL NAME Myrl Arnes

(a) Residence, No. _____ St. _____ 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>boy</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 10 - 1932</u>		
7. AGE <u>10</u> YEARS <u>3</u>	MONTHS <u>3</u>	DAYS <u>13</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 _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Country Missouri</u>		
FATHER	13. NAME <u>Henry Arnes</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
15. MAIDEN NAME <u>Coy Williams</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Country Missouri</u>		
17. INFORMANT <u>Family Father & Mother</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>W. Landers</u> DATE <u>Dec 23</u> 19 <u>32</u>		
19. UNDERTAKER <u>E. W. Landers No Service</u> (ADDRESS)		
20. FILED <u>Dec 23</u> 19 <u>32</u> <u>Benjamin D. Fay</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22nd 1932

2. I HEREBY CERTIFY, That I attended deceased from Sept 10 1932 to Dec 22nd 1932
I last saw him alive on Dec 21st 1932 Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:
Died suddenly by
Date of onset: _____

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 _____, 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) Coy Williams Arnes Mother
(Address) Campbell Mo

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