

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

Do not use this space.

29365

File No. 701
Registered No. _____
St. _____ Ward)

1. PLACE OF DEATH

County Harrison Registration District No. 334
Township _____ Primary Registration District No. H197
City Bethany (No. _____) St. _____ Ward)

2. FULL NAME Ernestus Arnold

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) md.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-76-1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 10 12

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Harrison Co Mo

13. NAME Samuel Spence

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Mo.

15. MAIDEN NAME Effie Buzzard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Mo.

17. INFORMANT Don D. Arnold
(ADDRESS) Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wrens Chapel Co. DATE 12-9 1932

19. UNDERTAKER (ADDRESS) S. W. ... Bethany Mo.

20. FILED 12-10 1932 J. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8 1932

I HEREBY CERTIFY, That I attended deceased from Dec 8 1932, to Dec 8 1932

I last saw her alive on Dec 8 1932 Death is said

to have occurred on the date stated above, at 11A m.

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

Diphtheria
10
Other contributory causes of importance: ①

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) A. L. Weidling, M. D.
(Address) Bethany Mo.

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.

