

31 400
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.

2813

1. PLACE OF DEATH

County Randolph
Township Moberly
City Moberly

Registration District No. 735
Primary Registration District No. 3034

File No.
Registered No. 29 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED—
HUSBAND OF
(OR) WIFE OF

Richard Arnold

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8th 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
67 5 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House wife
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

FILED 2-10-33

Thos. S. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan, 6th 1933

17. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1932, to Jan 6, 1933, that I last saw her alive on Jan 6, 1933, and that death occurred, on the date stated above, at 11 o'clock P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Debility. & infection from varicose ulcer Left leg

10 yrs (duration) 3 yrs. 3 mos. ds.

CONTRIBUTORY undernourished (SECONDARY)

1 yr (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. L. Mc Cormick, M. D.

, 19 (Address) Moberly Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Woodland Cem 1/8 1933

20. UNDERTAKER

ADDRESS

Stephens & Gooding Macou, Mo.

1232
1865
67