

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

Do not use this space.

2959

1. PLACE OF DEATH

94 County St. Francois Registration District No. 779
Township Randolph Primary Registration District No. 6024A
City Desloge (No. _____, _____ St. _____ Ward)

2. FULL NAME

Mary M. 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 <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow of St. H. Arnold</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 25-1850</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>82</u>		<u>2</u>	<u>5</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Care of 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) <u>New York</u>				
MOTHER	13. NAME <u>T. H. Murphy</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>			
	15. MAIDEN NAME <u>Mary M. Gray</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>			
17. INFORMANT <u>Mammie Arnold</u> (ADDRESS) <u>Farmington Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Francois</u> DATE <u>Jan 31</u> 19 <u>33</u>				
19. UNDERTAKER <u>C. Z. Boyer</u> (ADDRESS)				
20. FILED <u>1-31-</u> 19 <u>33</u> <u>R. B. Deter</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1933, to 1/20, 1933
I last saw him alive on 1/20, 1933 Death is said to have occurred on the date stated above, at 9:45 m.
The principal cause of death and related causes of importance were as follows:
Heart Lesion (no. 1000)
95 B
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? no
If so, specify _____
(Signed) W. S. Dinkworth, M. D.
(Address) Desloge Mo

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.

