

29 1933

MARGIN RESERVED FOR BINDING

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.

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

Do not use this space.

6281

1. PLACE OF DEATH
53 County Laclede Registration District No. 449
Township Labanon Primary Registration District No. 5-609
City Labanon (No. St. Ward)

2. FULL NAME Frank J. 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1858-Apr 28

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>74</u>	<u>10</u>	<u>21</u>		

OCCUPATION

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

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) Uniontown

FATHER

13. NAME Jefferson Arnold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown

MOTHER

15. MAIDEN NAME Ann Emerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown

17. INFORMANT (ADDRESS) John Henson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Labanon DATE 2/20 1933

19. UNDERTAKER (ADDRESS) John Henson

20. FILED 2/20 1933 J. M. Ballinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1933 to Feb 19 1933.
Last saw him alive on Feb 19 1933. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
82A 82A
Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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) H. A. Hamilton M. D.
(Address) Labanon, Mo.

