

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

Do not use this space.

8682

PLACE OF DEATH

County Casswell
Township Wilder
City Wilder (No. _____)

Registration District No. 97
Primary Registration District No. 4059

File No. _____
Registered No. 2 St. _____ Ward _____

2. FULL NAME

William Webster Arment

(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 19 yrs. _____ mos. _____ da. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 5 6

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

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) 2 11. Total time (years) spent in this occupation 22 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin Co. Ky

13. NAME J. H. Arment

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elizabeth Town Kentucky

15. MAIDEN NAME Rachel Ann Carlisle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elizabeth Town Kentucky

17. INFORMANT (ADDRESS) Mrs. W. Arment Wilder Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagon City Mo DATE Mar 19 1933

19. UNDERTAKER (ADDRESS) H. F. Powell Wilder Mo.

20. FILED Mar 17 1933 H. F. Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 1933

22. I HEREBY CERTIFY, That I attended deceased from March - 16 1933 to March - 17 1933. I last saw him alive on March - 16 1933. Death is said to have occurred on the date stated above, at 7:30 a.m. The principal cause of death and related causes of importance were as follows:

hypertension - (arteriosclerotic)
Cerebral hemorrhage
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? No
If so, specify _____
(Signed) R. M. Gordon, M. D.
(Address) Wilder - 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.

APR 24 1933
5-33

