

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

Do not use this space.

13647

**1. PLACE OF DEATH**

County Jasper Registration District No. H13  
 Township Mineral Primary Registration District No. 4245  
 City Arroyo (No. ....) St. .... Ward)

File No. ....  
 Registered No. 14

**6.2. 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 51 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. H. Goble

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 11 21

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

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) Knottville Tennessee

13. NAME James Russell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knottville Tennessee

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

17. INFORMANT (ADDRESS) Mrs. Josephine Stultz Arroyo, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE Apr. 19, 1933

19. UNDERTAKER (ADDRESS) Knell Mortuary, Bathoag, Missouri

20. FILED May 5, 1933 Registrar W. A. Weaver

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to April 17, 1933

I last saw h. ed. alive on Apr 17, 1933. Death is said to have occurred on the date stated above, at 8:45 a.m.

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

General debility 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?..... If so, specify.....

(Signed) P. A. Rector, M. D.  
 (Address) Arroyo, 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. MAY 22 1933

WHILE FATHER; WITH UNCHANGING INVARIANCE THIS IS A PERMANENT RECORD

