

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

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

Do not use this space.

1. PLACE OF DEATH
County Alexandria Registration District No. 258
Township Washington Primary Registration District No. 5360A
City (No. St. Ward)

File No. 16139
Registered No. 3

2. FULL NAME ALDEN C 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 male 4. COLOR OR RACE wp 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-17-1922
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 12 18
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 15 1/2

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellevue Mo.
13. NAME Jeddy C ARNOLD
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexandria Co., Mo.
15. MAIDEN NAME Anna C Adams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ANDREW C Mo
17. INFORMANT (ADDRESS) Mrs J. S. Arnold
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE May 8 1933
19. UNDERTAKER (ADDRESS) E. M. Adams
20. FILED May 8 1933 E. M. Adams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7- 1933
22. I HEREBY CERTIFY, That I attended deceased from 4-16- 1933, to 5-7- 1933
I last saw him alive on 4-30- 1933. Death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:
Whooping cough - with
verrucous heart complications
Date of onset
Other contributory causes of importance:
Bronchial irritation from
whooping cough
Name of operation None Date of
What test confirmed diagnosis? Physical 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) B. B. Sammons, M. D.
(Address) St Joseph Mo.

