

JUN 23 1933

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

Do not use this space.

1. PLACE OF DEATH

County Macon
Township Hudson
City St. Louis (No. 5713)

Registration District No. 533
Primary Registration District No. 8027

File No. 17123
Registered No. 43
St. St. Louis Ward St. Louis

2. FULL NAME

(a) Residence, No. Benjamin F. Arnett St. St. Louis Ward St. Louis

(Usual place of abode)

(If nonresident, give city or town and State)

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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Bona Wells (or WIFE OF Bona Wells)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 - 1857

7. AGE YEARS 75 MONTHS 6 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) West Virginia (STATE OR COUNTRY)

13. NAME Henry Arnett

14. BIRTHPLACE (CITY OR TOWN) West Virginia (STATE OR COUNTRY)

15. MAIDEN NAME Easter Jane Straight

16. BIRTHPLACE (CITY OR TOWN) W. Virginia (STATE OR COUNTRY)

17. INFORMANT Mr Loyel Mosty (ADDRESS)

18. BURIAL, CREMATION OR REMOVAL

PLACE St. Labor DATE 5-2-1933

19. UNDERTAKER Stephens & Gooding (ADDRESS) Macon Mo

20. FILED 5/27 1933 Mrs Luke Dunker Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1-, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1 -, 1933, to May 1, 1933
I last saw him alive on Apr-27-, 1933. Death is said to have occurred on the date stated above, at 4:30 am.

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

Obstruction of bowel Date of onset 4/3/32
Carcinoma of colon
being cause of the
obstruction

Other contributory causes of importance: 46 C
122 C

Name of operation Mucelity Date of May 16

What test confirmed diagnosis? Open 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) A. F. Sander, M. D.

(Address) St. Louis Mo

