

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

Do not use this space.

1. PLACE OF DEATH

County Merger
Township Washington
City Washington (No.)

Registration District No. 654
Primary Registration District No. 5747

File No. 17177
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 14 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 3 14

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

12. BIRTHPLACE (CITY OR TOWN) Miller Grove, Mo.
(STATE OR COUNTRY)

13. NAME Paul H. Arnote

14. BIRTHPLACE (CITY OR TOWN) Merger County
(STATE OR COUNTRY)

15. MAIDEN NAME Mildred C. Vanderpool

16. BIRTHPLACE (CITY OR TOWN) Merger County
(STATE OR COUNTRY)

17. INFORMANT Gwen N. Arnote
(ADDRESS) Miller Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lotham Bur DATE May 24 1933

19. UNDERTAKER Paul Moss
(ADDRESS) Washington Mo.

20. FILED May 31 1933 E. Arnote

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1933

22. I HEREBY CERTIFY, That I attended deceased from May 21 1933 to May 22 1933

I last saw her alive on May 22 1933 Death is said

to have occurred on the date stated above, at 12:25 in.

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

Acute dilatation of heart & acute pulmonary edema
105B
95B/65
111B/65

Other contributory causes of importance: Laryngitis & Stenosis

Name of operation Date of

What test confirmed diagnosis? Physiol. 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?

If so, specify

(Signed) E. Arnote, M. D.

(Address) Director's res.

