

*B. Beckman*  
Do not use this space.

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

1. PLACE OF DEATH  
 County Pettis Registration District No. 668  
 Township Sedalia Primary Registration District No. 3032  
 City Sedalia (No. 608 W 3) St. W Ward 3

2. FULL NAME John D. Arnold  
 (a) Residence No. 608 W 3 St. W Ward 3  
 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)

File No. 17397  
Registered No. 138

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 13 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 7 9

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

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1931, to May 22, 1933.  
 I last saw him alive on May 22, 1933. Death is said to have occurred on the date stated above, at 8 P m.  
 The principal cause of death and related causes of importance were as follows:  
apoplexy  
arteriosclerosis  
mitral insufficiency  
 Date of onset Oct 1932

Other contributory causes of importance:  
arteriosclerosis  
mitral insufficiency

Name of operation X Date of 1933  
 What test confirmed diagnosis? 16 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury 1933  
 Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
 (Signed) W. B. Beckman, M. D.  
 (Address) Sedalia Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass

13. NAME Thomas Arnold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Mary Sullivan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eng

17. INFORMANT (ADDRESS) John Arnold  
Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 5/24 1933

19. UNDERTAKER (ADDRESS) Belcher Undertaker  
Sedalia Mo

20. FILED 5-24 1933 J. P. Love Registrar.

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.

JUN 23 1933

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UNFADING INK—THIS IS A PERMANENT RECORD

