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

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis, Mo. Registration District No. 1123 File No. 21009

Township Carondelet Primary Registration District No. 6248 B Registered No. 209

City Jefferson Barracks, Mo. (No. Veterans Administration Facility. St. ..... Ward)

2. FULL NAME DeBOLT, Arthur H.

(a) Residence, No. 2306 N. 58th St., Washisagton Pk., Ward E. St. Louis, Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

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 Mrs. Victoria Debolt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9, 1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
49	5	17	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Phillips 66 Sta.

10. Date deceased last worked at this occupation (month and year) Abt. 2 yrs. ago.

11. Total time (years) spent in this occupation 6 wk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oswego, Kansas

FATHER

13. NAME Franklin Ashby

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

MOTHER

15. MAIDEN NAME Sophia Brown

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

17. INFORMANT (ADDRESS) C. H. SMITH, M.D. Clinical Director Vet. Adm. Fac. Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem DATE 6/29 1933

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & L. Co. 7814 So. Broadway

20. FILED June 28, 1933 L. C. Obrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1932, to June 26, 1933

I last saw him alive on June 26, 1933. Death is said to have occurred on the date stated above, at 2:10 P.m.

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

Carcinoma, left lung — Date of onset Unk.

47B

47

Other contributory causes of importance: -None.

4. Thoractoplasty, left (Shede) 6-26-33.
Oper. cont. (3) Rib resection 3-22-33.
2 Rib resection, (partial) 9-12-32

Name of operation Aspiration, left chest Date of 9-10-32

What test confirmed diagnosis? Clinical, physical, operation. 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) W. C. GIBSON, M.D., Manager, Vet. Adm. Fac. Jeff. Brks., Mo., M. D.

(Address) .....

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.