

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

Do not use this space.

22555

1. PLACE OF DEATH

17 County Carroll Registration District No. 138
Township Equat Primary Registration District No. 5896
City Norborne (No. _____) St. _____ Ward _____

File No. _____
Registered No. 20

2. FULL NAME William N. Arterburn

(a) Residence, No. Norborne St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Dottie & Arterburn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 5 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) July 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME John O. Arterburn

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

MOTHER 15. MAIDEN NAME Nancy W. Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton, Mo.

17. INFORMANT (ADDRESS) Dottie & Arterburn, Norborne Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill, Carrollton Mo. DATE July 16, 1933

19. UNDERTAKER (ADDRESS) Deitch & Minnie

20. FILED July 14, 1933 E. H. Musson, M.D. Registrar
B. C. Cole, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-12-1933 to 7-14-1933
I last saw him alive on 7-14-1933 Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 7-12-33
108 108
Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? Bedside Was there an autopsy? N.D.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
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? 7.22
If so, specify _____
(Signed) B. C. Cole, M. D.
(Address) Norborne Mo.

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.

AUG 22 1933

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

