

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.

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

Do not use this space.

25496

1. PLACE OF DEATH

County Wright Registration District No. 907
 Township Platte Valley Primary Registration District No. 6220
 City Wright St. Ward

File No. _____

Registered No. 9

2. FULL NAME

(a) Residence No. _____ Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Arrington</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 4 - 1848</u>		
7. AGE <u>85</u>	YEARS <u>4</u>	MONTHS <u>0</u>
10. Date deceased last worked at this occupation (month and year) <u>May 33</u>		11. Total time (years) spent in this occupation <u>46</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) <u>May 33</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
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13. NAME <u>John Arrington</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
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15. MAIDEN NAME <u>John Arrington</u>

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
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17. INFORMANT <u>Emma Arrington</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Baker Cemetery</u> DATE <u>July 6</u> 19 <u>33</u>

19. UNDERTAKER (ADDRESS) <u>JA Fuson</u>
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20. FILED <u>July 5</u> 19 <u>33</u> <u>JA Fuson</u> Registrar
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 193322. I HEREBY CERTIFY That I attended deceased from May 25 1933 to July 4 1933I last saw him alive on June 15 1933. Death is said to have occurred on the date stated above, at 10 P. m.

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

Chron. end. nephros. sen. gen.

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1933

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) JA Fuson M. D.(Address) Manassas

