

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.

OCT 20 1933

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

Do not use this space.

28771

1. PLACE OF DEATH

County

Belchamph

Registration District No.

Township

Belchamph

Primary Registration District No.

City

Belchamph

(No.)

St.

Ward)

2. FULL NAME

Virian Arbuckle

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Frank Arbuckle

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

Oct 30 - 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

49

11

11

OCCUPATION

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

Housework

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) (STATE OR COUNTRY)

Des Moines Iowa

FATHER

13. NAME

William Hudesbeth

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

Unknown

MOTHER

15. MAIDEN NAME

Lavida Hudesbeth

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

Valley Falls Iowa

17. INFORMANT (ADDRESS)

Frank Arbuckle Belchamph Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Armstrong cem DATE Sept 19 1933

19. UNDERTAKER (ADDRESS)

William Stanton Belchamph Mo

20. FILED

9-19-1933 L. F. Singery

Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1933

22. I HEREBY CERTIFY, That I attended deceased from

Sept 7 1933 to Sept 18 1933

I last saw him alive on Sept 16 1933

Death is said to have occurred on the date stated above, at 9:30 a. m.

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

Pneumonia Sept 16/1933

Other contributory causes of importance:

Arteriosclerosis

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? No 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?

If so, specify

(Signed)

M. D.

Sept 18/1933 W. F. Smith

5276 and

unidentified

unidentified

unidentified