

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.

33590

1. PLACE OF DEATH

County Lewis
Township Sickerson
City _____ (No. _____)

Registration District No. 477
Primary Registration District No. 5646

File No. _____
Registered No. 44
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) May. 6. 1901
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
32 4 25

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
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) Lewis Co. Mo.
(STATE OR COUNTRY)

MOTHER FATHER
13. NAME E. V. Arnold

14. BIRTHPLACE (CITY OR TOWN) Boone Co. Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Carrie Gooney

16. BIRTHPLACE (CITY OR TOWN) Lewis Co. Mo.
(STATE OR COUNTRY)

17. INFORMANT E. V. Arnold
(ADDRESS) Lewistown, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE LaBelle, Missouri DATE Oct. 8. 1933

19. UNDERTAKER James Glader
(ADDRESS) Lewistown, Missouri

20. FILED Oct. 2 1933 H. W. Harris M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Automobile accident Date of onset _____

210 P
210 M

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 Accident 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 _____

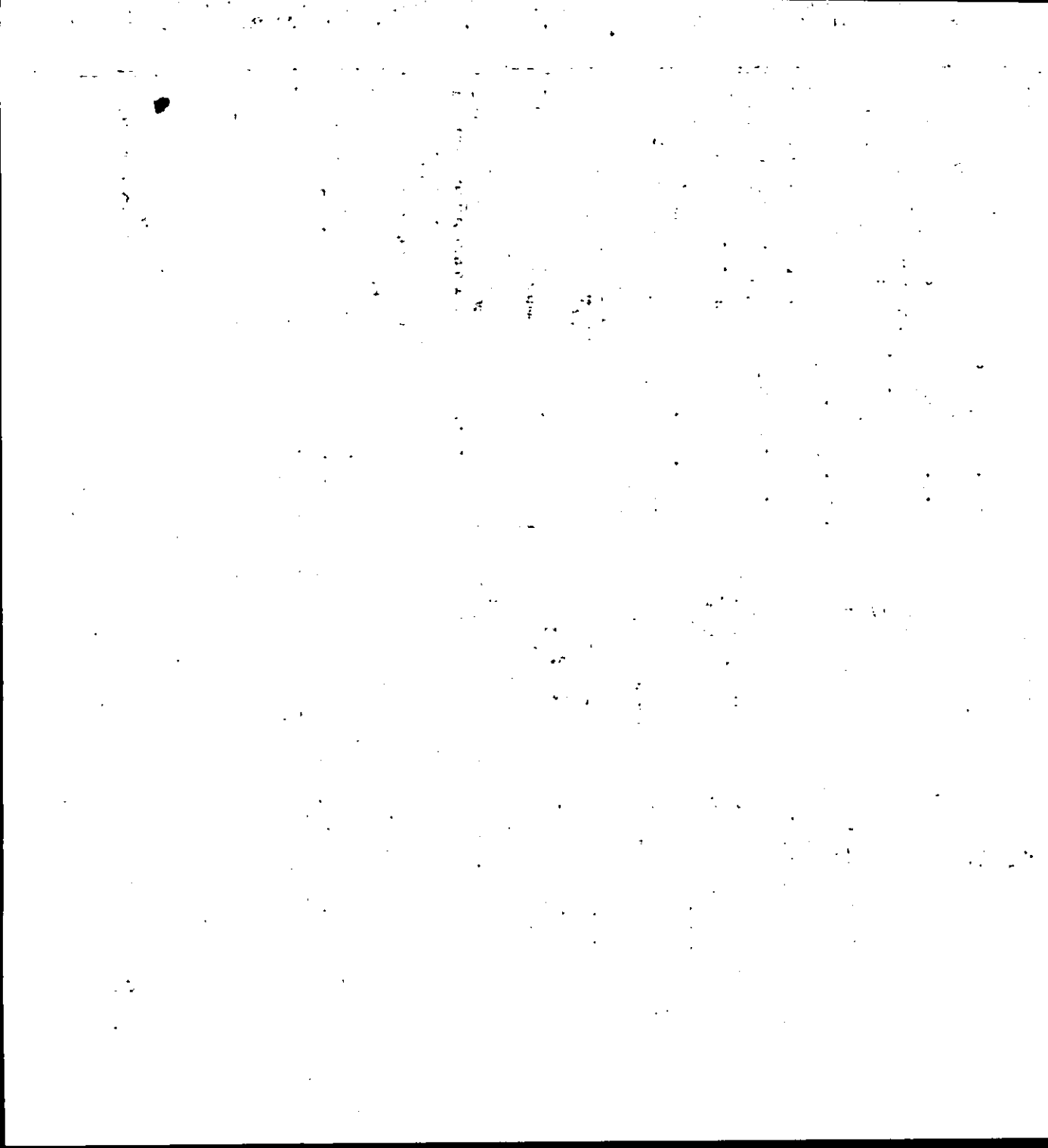
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Arthur H. Robert Cawson

(Address) La Grange, Mo



06533-5