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.

NOV 10 1933

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

Do not use this space.

Beckemeyer

34028

1. PLACE OF DEATH
80 County Pettis Registration District No. 668 File No. 266
4 Township Primary Registration District No. 3032 Registered No. 668
8 City Sedalia (No. St. Ward)

2. FULL NAME Lynne Arnold

(a) Residence, No. 608 W 3rd 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 Fe
4. COLOR OR RACE W
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) Oct 22 1862
7. AGE YEARS 71 MONTHS — DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Mo.

FATHER
13. NAME Thomas Arnold
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Mary Sullivan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Ella Arnold
(ADDRESS) 608 W 3rd Sedalia Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE Oct 28 1933
19. UNDERTAKER Gillespie Fun Home
(ADDRESS) Sedalia Mo
20. FILED 10/26 1933 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

3

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1933, to Oct 26, 1933
I last saw her alive on Oct 26, 1933. Death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

Gastric and Intestinal Hemorrhage. Date of onset 10/25/33
Cause undetermined

123B

Other contributory causes of importance:
Arterio-sclerosis

97

Name of operation X Date of
What test confirmed diagnosis? 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? no
If so, specify X
(Signed) W. A. Beckemeyer, M. D.
(Address) Sedalia Mo