

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

Do not use this space.

35329

1. PLACE OF DEATH

County Sass  
Township Commerce  
City Commerce (No. 1)

Registration District No. 877  
Primary Registration District No. 4493

File No. \_\_\_\_\_  
Registered No. 10  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Martha J. Arnold

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George W. Arnold</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-23-1849</u>				
7. AGE	YEARS <u>83</u>	MONTHS <u>9</u>	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) _____		11. Total time (years) spent in this occupation _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6 . 1933

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1933, to October 5, 1933  
I last saw her alive on October 5, 1933 Death is said to have occurred on the date stated above, at 1255a p.

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

apoplexy  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: 877

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 \_\_\_\_\_, 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 \_\_\_\_\_  
(Signed) H. J. Blackledge, M. D.  
(Address) Commerce Mo.

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bollinger Co. Mo.</u>
	13. NAME <u>Allen Carlton</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>
	15. MAIDEN NAME <u>McCawley</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u>
	17. INFORMANT <u>H. J. Blackledge</u> (ADDRESS) <u>1140 Broadway</u> <u>Orlando, Fla.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oakdale Cemetery</u> DATE <u>Oct. 8</u> 19 <u>33</u>	
19. UNDERTAKER <u>Walton Brothers</u> (ADDRESS) <u>Cape Girardeau Mo.</u>	
20. FILED <u>Oct 6</u> 19 <u>33</u> <u>H. J. Blackledge</u> Registrar.	

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

