

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

Do not use this space.

40573

JAN 26 1934

1. PLACE OF DEATH
 54 County Lafayette Registration District No. 461
 Township Washington Primary Registration District No. 3024
 City Washington (No. _____) St. _____ Ward _____
 12. FULL NAME Harvey 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.

File No. 105
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 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) No Record
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 80
 OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Printer in Office bldg
 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) Kentucky
 MOTHER 13. NAME No information
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT Quest T. Hart, MD
 (ADDRESS) Lexington, MO
 18. BURIAL, CREMATION, OR REMOVAL PLACE Interred in DATE Dec 11, 1933
 19. UNDERTAKER (ADDRESS) Quest T. Hart, MD
Lexington, MO
 20. FILED Dec 1, 1933 Jayne Bell Beth
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1933, to Dec. 10, 1933
 I last saw him alive on Dec. 9, 1933. Death is said to have occurred on the date stated above, at 1:40 m.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis Date of onset about 5 yrs ago
 Other contributory causes of importance: 97 not anything
 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) J. A. Ball M. D.
 (Address) Lexington, MO

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.

