FEB 27 1934

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

Do not use this space.

1955

File No.

Registered No. 2

1. PLACE OF DEATH

County Morgan

Township Haw Creek

Registration District No. 919

Primary Registration District No. 5793 a

City (No. , St. Ward)

2. FULL NAME Sylvester 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 M

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 9 - 1907

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
26	8	20	

OCCUPATION

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

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) Morgan Co.

FATHER

13. NAME George Arnold

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

MOTHER

15. MAIDEN NAME Ida Berkstresser

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

17. INFORMANT (ADDRESS) Mrs. Geo. Arnold Versailles Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Nebo DATE Jan 31, 1934

19. UNDERTAKER (ADDRESS) W. F. Kidwell Versailles Mo.

20. FILED Feby 10, 1934 W. L. Ripperger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933, to Jan 29, 1934

I last saw him alive on Jan 25, 1934 Death is said to have occurred on the date stated above, at 9:15 P.m.

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

Injury to spine by a fall from a tree

Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? ~~suicidal intent~~ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicidal intent Date of injury Dec 9, 1933

Where did injury occur? near his Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Jump from a tree

Nature of injury Broken back

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) S. A. Newton, M. D.

(Address) Versailles 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.