

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City..... *Schouie* (No. *1307 So. T. Boyle av*) St. Ward

File No.
 Registered No. **2674**
 St. Ward

2. FULL NAME

(a) Residence, No. *1307 So. T. Boyle av* St. *18* 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 *Female* | 4. COLOR OR RACE *White* | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Anton Arzner*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 10 - 1857*
 7. AGE YEARS *76* MONTHS *9* DAYS *28* If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at Home*
 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) *Ohio*

FATHER 13. NAME *Michael Will*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

MOTHER 15. MAIDEN NAME *"*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *"*

17. INFORMANT *Mrs Sadie Parfitt* (ADDRESS) *1307 S. Boyle Av*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cemetery* DATE *Jan 10 1934*

19. UNDERTAKER *Flets Bros* (ADDRESS) *3029 S. Boyle av*

20. FILED *-8 1934* *J. Stredwick* Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 7 1934*

22. I HEREBY CERTIFY That I attended deceased from *Jan 6 1934* to *Jan 7 1934*
 I last saw him alive on *Jan 6 1934* Death is said to have occurred on the date stated above, at *4 P. m.*

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

apoplexy
stroke
hypertension
 Other contributory causes of importance:
senility

Date of onset *Dec 1 1933*

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 *Robt. O. Weber* (Signed) M. D.

(Address) *3665 S. Broadway*

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.

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Dr. Robt. Urban.
3665 So Broadway.