N. B.—Every item of information should be carefully supplied. Age should be stated last birthday. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

FEB 27 1934

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

Do not use this space.
3642

1. PLACE OF DEATH
County: Dallas (103)
Township: Elk
City: (No.) St. Ward)

Registration District No. 824
Primary Registration District No. 6100

File No. 6
Registered No. 6

2. FULL NAME: Alfred 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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Do Not Know.

7. AGE: Years 68 | Months | Days | If LESS than 1 day, hrs. or min.

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.: Farmer
10. Date deceased last worked at this occupation (month and year): 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

FATHER
13. NAME: Allen Arnold
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Malissa ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Harley Arnold

18. BURIAL, CREMATION, OR REMOVAL
PLACE: 1-31-34 DATE: Bethel, 19

19. UNDERTAKER (ADDRESS): Moore

20. FILED: Feb 10, 1934 [signature] Registrar.
Florence Allen

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1934, to Jan 30 1934
I last saw h alive on Jan 26, 1934. Death is said to have occurred on the date stated above, at 1300 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture Bladder	
Following Imprisoned	
Retention	

Other contributory causes of importance:
Diabetes + Enlarged Prostate

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?
If so, specify
(Signed) [signature], M. D.
(Address) Earl M.D.