

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.

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Butler Registration District No. 50  
Township Millersburg Primary Registration District No. 3004  
City Butler Mo. (No. ...., St. ...., Ward)

File No. 3877  
Registered No. 16

2. FULL NAME

Frank Stutzman Arnold

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Miss Mary Arnold  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 - 1863  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
70 3 3

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

13. NAME James Eddy Arnold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Niles, Ohio

15. MAIDEN NAME Helen Augusta Payne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Buffalo, N. Y.

17. INFORMANT (ADDRESS) W. C. Springer

18. BURIAL, CREMATION, OR REMOVAL PLACE Millersburg, Mo. DATE Feb. 26 1934

19. UNDERTAKER (ADDRESS) Butler, Mo.

20. FILED Feb 26 1934 Miss C. E. Culver Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/23 1934

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at 9 a. m.

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

myocarditis

Date of onset

Other contributory causes of importance:

Dropped dead at High School Building

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

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

Accident, suicide, or homicide? natural death Date of injury 2/23/34

Where did injury occur? at High School Auditorium

(Specify city or town, county, and State)

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

High School Auditorium

Manner of injury Heart Attack

Nature of injury.....

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

If so, specify.....

(Signed) R. E. Crabtree

(Address) Coroner of Butler Co Mo

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