MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County _Bollinger_ Registration District No. _67_ File No. _11889_

Township _Liberty_ Primary Registration District No. _5-104_ Registered No. _8_

City _____ (No. _____, _____ St. _____ Ward)

2. FULL NAME _Henry Arns_

(a) Residence, No. _near Glennon Mo._ Ward
(Usual place of abode) _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred _29_ yrs. mos. _9_ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Apr. 13-1905_

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	29		9	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _at Farm_

10. Date deceased last worked at this occupation (month and year) _1926_

11. Total time (years) spent in this occupation _Life_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _near Glennon Mo._

13. NAME _Henry Arns_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _near Glennon Mo._

15. MAIDEN NAME _Mary Vandemerden_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _near Glennon Mo._

17. INFORMANT (ADDRESS) _Henry Arns Glennon Mo._

18. BURIAL, CREMATION, OR REMOVAL PLACE _Glennon Mo._ DATE _Apr. 24_, 1934

19. UNDERTAKER (ADDRESS) _A. Senger Leopold Mo._

20. FILED _April 25, 1934_ _C. A. Sander_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Apr. 22-_ 1934

22. I HEREBY CERTIFY, That I attended deceased from _Apr. 10, 1928_ 1928 to _Apr. 22-_, 1934

I last saw him alive on _Apr. 20_, 1934 Death is said to have occurred on the date stated above, at _7 P._ m.

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

Cardiac dilitation, mitral and tricuspid regurgitation Cancer of Stomach Died of Heart failure

Date of onset _about Jan 1926_

Other contributory causes of importance: _Hereditary._

Name of operation _no operation_ Date of _____
What test confirmed diagnosis? _X ray_ Was there an autopsy? _no_

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. M. Finney_, M. D.
(Address) _Leopold Mo._