

MAY 25 1934

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

Do not use this space.

15438

## 1. PLACE OF DEATH

County StoddardTownship BlkCity Forest R-1 (No. \_\_\_\_\_)Registration District No. 836Primary Registration District No. 6100File No. 32Registered No. 32

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Alice A. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
58 2 28

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

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) Illinois

13. NAME Orlin Guthrie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Mary Mariman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Ed Arnold (ADDRESS) Essex, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Bethel Cem. DATE 4-4-34, 19\_\_

19. UNDERTAKER NONE (ADDRESS) \_\_\_\_\_

20. FILED Apr 30 1934 Florence Allen Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, '34 19\_\_

22. I HEREBY CERTIFY, That I attended deceased from April 3rd, 1934, to April 3rd, 1934

I last saw her alive on 4/3rd, 1934 Death is said to have occurred on the date stated above, at 5:30 m.

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

Endocarditis Date of onset BK.

Other contributory causes of importance:

Interstitial nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? clinical 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) S. S. Davis, M. D.(Address) Deflor

197  
N 1  
B14  
B14  
B14  
B14

#2

DEPARTMENT OF COMMERCE

E. T. McLaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

BUREAU OF THE CENSUS

WASHINGTON

15438

32

*Standard*

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Glice A Arnold

Who died at \_\_\_\_\_ on Apr 3 - 1934

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex F Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 58 Months 2 Days 28

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Endocarditis

Both valvular disease & nephritis were chronic

Other contributory causes of importance: Interst nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Signature of Registrar: Flouise Allen

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 836

*E. T. McLaugh M.D.*  
*g.c.*

Primary Reg. Dist. No. 6100

Special Agent.

THE ASSOCIATION OF AMERICAN BANKERS  
INCORPORATED  
100 WALL STREET  
NEW YORK 17, N. Y.

MEMORANDUM

TO: THE BOARD OF DIRECTORS  
FROM: THE ASSOCIATION OF AMERICAN BANKERS  
SUBJECT: [Illegible]

[Illegible text]

5-15438

5-15438

[Illegible text]