

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.

JUN 25 1934

Parson
S. M.

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

Do not use this space.

17714

1. PLACE OF DEATH
82 County Osage Registration District No. 689
Township Buffalo Primary Registration District No. 5917
City Reynolds (No. R.F.D. #3) St. Mo. Ward 35

2. FULL NAME Mr. Elizabeth Arthur
(a) Residence, No. R.F.D. #3 St. Mo. Ward 35
(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 Wm. Arthur
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-30-1888
7. AGE YEARS 96 MONTHS 3 DAYS 4 If LESS than 1 day, hrs. min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Reynolds Mo.
13. NAME Rufus Henderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No. Carolina
15. MAIDEN NAME Salix White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No. Carolina
17. INFORMANT J. T. Arthur
(ADDRESS) R.F.D. #3
18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Cemetery DATE May 6, 1934
19. UNDERTAKER W. P. Burda
(ADDRESS) Louisiana Mo.
20. FILED 65 19 34 6 Halley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 19 34
22. I HEREBY CERTIFY, That I attended deceased from 19 33 to 19 34
I last saw h. alive on May 1, 1934 Death is said to have occurred on the date stated above, at 5 am
The principal cause of death and related causes of importance were as follows:
Chloroform Date of onset
Other contributory causes of importance:
Senile debility
Name of operation none Date of none
What test confirmed diagnosis? none Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury none, 19 34
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury none
24. Was disease or injury in any way related to occupation of deceased?
If so, specify none
(Signed) S. M. Parson M. D.
(Address) Louisiana Mo.

