

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

Do not use this space.

19501

1. PLACE OF DEATH

City Boone
Township Cedar
City Hartsburg (No. _____)

Registration District No. 76

Primary Registration District No. 5710B

File No. 6

Registered No. _____

St. _____ Ward _____

2. FULL NAME Andrew J. Arnold

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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 Male

4. COLOR OF RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR 17 1864

7. AGE

YEARS 70

MONTHS 2

DAYS 3

If LESS than 1 day, _____ hrs. or _____ min.

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

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) Boone Co Mo

13. NAME Dani Snow

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

15. MAIDEN NAME " "

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

17. INFORMANT (ADDRESS) Charles F. Buttz

18. BURIAL, CREMATION, OR REMOVAL

PLACE Goshen

DATE June 21 1934

19. UNDERTAKER (ADDRESS) R. Overett

20. FILED 7/5

1934

N. A. Mendenhall

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1934 to June 20 1934

I last saw him alive on June 19 1934 Death is said

to have occurred on the date stated above, at 1154 n.

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

breast cancer

Date of onset

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis symptoms 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) C. P. Meeker

M. D.

(Address) Hartsburg

ref. ally support. If be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very important. may be properly class.

JUL 20 1934

M. S. G.

Nov. 11

Nov 11

Nov 11

Nov 11

Nov 11

Y