

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.

JUL 13 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County LafayetteRegistration District No. 460Township DoverPrimary Registration District No. 5-623City (No.)St. Ward 2. FULL NAME June Doris Arfmann(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)

Single

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

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

29 March 1932

7. AGE

YEARS

2

MONTHS

2

DAYS

19IF LESS than 1 day, hrs. or min.

OCCUPATION

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

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)

Higginsville, Mo.

FATHER

13. NAME

George Arfmann

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

Beecher, Ill

MOTHER

15. MAIDEN NAME

Leona Tegmeyer

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

Wichita Falls Texas

17. INFORMANT

(ADDRESS)

Geo. F. Arfmann Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

City Cemetery DATE 19 June 1934

19. UNDERTAKER

(ADDRESS)

W. H. Slader Higginsville, Missouri.

20. FILED

June 18 1934 W. H. Slader

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

June 18 1934

22. I HEREBY CERTIFY That I attended deceased from

June 18 1934 June 18 1934I last saw him alive on June 18 1934 Death is saidto have occurred on the date stated above, at 1 A. m.

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

Dis. colitis - acute
associated with
conduits, ang. & hyperemia
(109 Aulley)

Date of onset

June 13

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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) W. H. Slader M. D.(Address) Higginsville, Missouri.

