

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

Do not use this space.

21669
98

1. PLACE OF DEATH

County St. Francis
Township St. Francis
City Flat River (No.)

Registration District No. 274
Primary Registration District No. 4465

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ed Arnold</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 24 1888</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>52</u>	<u>6</u>	<u>28</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own home</u>
	10. Date deceased last worked at this occupation (month and year) <u>6-22-34</u>
	11. Total time (years) spent in this occupation <u>30</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Genevieve Mo

FATHER 13. NAME Samuel Roux

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Genevieve Mo

MOTHER 15. MAIDEN NAME Mary Edwards

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Genevieve Mo

17. INFORMANT Ed Arnold
(ADDRESS) Flat River Mo.

18. BURIAL, CREMATION, OR REMOVAL
Hobson Cemetery DATE 6-24 1934

19. UNDERTAKER Baldwell Bros
(ADDRESS) Flat River Mo

20. FILED 6-28 1934 G. B. Brown MD
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 1934

22. I HEREBY CERTIFY That I attended deceased from Oct 10 1933 to June 20 1934

I last saw her alive on June 20 1934. Death is said to have occurred on the date stated above, at 3 A m.

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

Chc. Myocarditis
Chc. nephritis
131
99
Other contributory causes of importance:
Arterio sclerosis

Name of operation Date of
What test confirmed diagnosis? Asym 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. H. Appleberry M. D.
(Address) Flat River, Mo

THIS IS A PERMANENT RECORD

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state to that it may be properly classified. Exact statement of OCCUPATION is very important.

SECRET

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