

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.

DEC 27 1934

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

25239-A

## 1. PLACE OF DEATH

County LacledeRegistration District No. 450Township EnglePrimary Registration District No. 5615

City

(No. )

St.

Ward)

## 2. FULL NAME

Malinda 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

F

## 4. COLOR OR RACE

W

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

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFLewis Arnold

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

Feb 26 1854

## 7. AGE

YEARS

80

MONTHS

5-

DAYS

26

If LESS than 1

day, hrs. or min.

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

Housewife

## 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)

Lebanon

## 13. NAME

Elias Waurley

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

Lebanon

## 15. MAIDEN NAME

Winifred Grace

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

Lebanon

## 17. INFORMANT (ADDRESS)

Nora Coal

## 18. BURIAL, CREMATION, OR REMOVAL

Interred at Holy Sepulchre Cemetery July 23, 1934

## 19. UNDERTAKER (ADDRESS)

Holman and Stewart

## 20. FILED

11-191934W. H. Atkins

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

July 22 1934

## 22. I HEREBY CERTIFY, That I attended deceased from

July 1, 1934, to July 22, 1934I last saw her alive on July 22, 1934 Death is saidto have occurred on the date stated above, at 1 P. M.

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

6 Embolus Heparum

Date of onset

## Other contributory causes of importance

## Name of operation

Date of

What test confirmed diagnosis? none Was there an autopsy? yes

## 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. A. Hamilton, M. D.(Address) Lebanon, Mo.

