

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.

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

Do not use this space.

29881

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1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 461
Primary Registration District No. 3024

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 9 1874</u>		
7. AGE	YEARS	MONTHS
	<u>60</u>	<u>8</u>
		<u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Coal Miner</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>12</u>		
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) <u>Livingston Mo</u>		
13. NAME <u>Hall Arbuckle</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Livingston Mo</u>		
15. MAIDEN NAME <u>Julia C. Scott</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Livingston Mo</u>		
17. INFORMANT (ADDRESS) <u>George Arbuckle</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Livingston Mo</u> DATE <u>Aug 3 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. J. Bates</u>		
20. FILE NO. <u>Aug 2 1934</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1934

22. I HEREBY CERTIFY, That I attended deceased from July 12 1934 to Aug 1 1934
I last saw him alive on July 24 1934 Death is said to have occurred on the date stated above, at 7:30 AM
The principal cause of death and related causes of importance were as follows:
Sclerosis of Liver
History of case he had been sick for about 5 years
Other contributory causes of importance: not anything that I could discover
Name of operating physician 124th 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? none Date of injury _____, 19____
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. A. Bates, M. D.
(Address) Livingston, Mo

