

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.

SEP 10 1934

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

Do not use this space.

30341

1. PLACE OF DEATH

County Pettis

Registration District No.

Township

Primary Registration District No. 3032

City Sedalia

(No. 923 ,

W

3rd.

St. Ward)

File No. 283

Registered No. 668

2. FULL NAME

Issac Arenson

(a) Residence, No. 923 W 3rd

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

M

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 OF

Fannie Arenson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12 1866

7. AGE

YEARS

MONTHS

DAYS

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

68

4

26

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)

Germany

MOTHER FATHER

13. NAME

Don't know

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

15. MAIDEN NAME

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

17. INFORMANT Al Arenson (ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLAC Lincoln Neb.

DATE Aug. 9

1934

19. UNDERTAKEN Gillespie Funeral Home (ADDRESS) Sedalia Mo.

20. FILED 8-9

1934

Jean Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20 1934 to Aug 8 1934

I last saw him alive on Aug 8 1934 Death is said

to have occurred on the date stated above, at 11 P. m.

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

Thrombosis cerebral artery

930

930

Other contributory causes of importance:

Chronic hypertension

Name of operation None

Date of None

What test confirmed diagnosis Chronic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury 19 ..

Where did injury occur? No

(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) Chas. H. H.

M. D.

(Address) Sedalia Mo.

