

OCT 10 1934

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

Do not use this space.

31958

## 1. PLACE OF DEATH

County

Boone Co Mo

Registration District No.

76

Township

Ladue

Primary Registration District No.

5110 B.

City

(No.

St.

Ward)

## 2. FULL NAME

Malisie Arnold

(a) Residence, No.

St.

Ward.

(Usual place of abode)

Boone Co Mo

(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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

Sept 19 - 1871

7. AGE

YEARS

MONTHS

DAYS

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

62

11

23

OCCUPATION

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

Housekeeper

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)

Boone Co Mo

13. NAME

Benjamin Arnold

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

Ind

15. MAIDEN NAME

Amanda Johnson

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

Ind

17. INFORMANT (ADDRESS)

W. E. Arnold  
Hardsburg Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Bonds Chapel

9/13 34

19. UNDERTAKER (ADDRESS)

Highland Undertaking Co

20. FILED

10/8

1934

N. A. Wenzel Registrar

## MEDICAL CERTIFICATE OF DEATH

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

Sept 12 1934

22. I HEREBY CERTIFY, That I attended deceased from

Sept 10 1934 to Sept 12 1934

I last saw him alive on Sept 12 1934

Death is said to have occurred on the date stated above, at 6:45 a.m.

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

arterio Sclerosis  
Aortic  
92%

Date of onset

Do not know

Other contributory causes of importance:

92% a

Name of operation

What test confirmed diagnosis? Symptom 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

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?

If so, specify

(Signed) W. P. Megee M. D.

(Address) Hardsburg Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

