

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

Do not use this space.

OCT 26 1934

✓ File No. **33396**  
 Registered No. **277**  
 St. **6** Ward

**1. PLACE OF DEATH**

County Marion Registration District No. 547  
 Township Marion Primary Registration District No. 3029  
 City Hannibal (No. Severing Hospital) St. 6 Ward

**2. FULL NAME**

(a) Residence, No. 35-18 Market St. 5 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** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (*write the word*)  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Aug. 10 - 1934

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
1 1 1 1 1

**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.** Child  
**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)** Hannibal Mo

**13. NAME** Edgar Grunett

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Hannibal Mo

**15. MAIDEN NAME** Opal Banta

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Hannibal Mo

**17. INFORMANT (ADDRESS)** Edgar Grunett  
Hannibal Mo

**18. BURIAL, CREMATION, OR REMOVAL PLACE DATE** St. Cloud Cemetery 9-12-34

**19. UNDERTAKER (ADDRESS)** James Donnell  
Hannibal Mo

**20. FILED** Sept 19 1934  
Chas. H. Schuster  
Chas. H. Schuster Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 9-10-1934

**22. I HEREBY CERTIFY, That I attended deceased from** 9-8 <sup>34</sup> to 9-10 <sup>34</sup>  
 I last saw him alive on 9-10 <sup>34</sup> Death is said to have occurred on the date stated above, at 2:30 pm.  
 The principal cause of death and related causes of importance were as follows:

Atypsis and Anhydremia Not known  
 Date of onset

Other contributory causes of importance:  
158

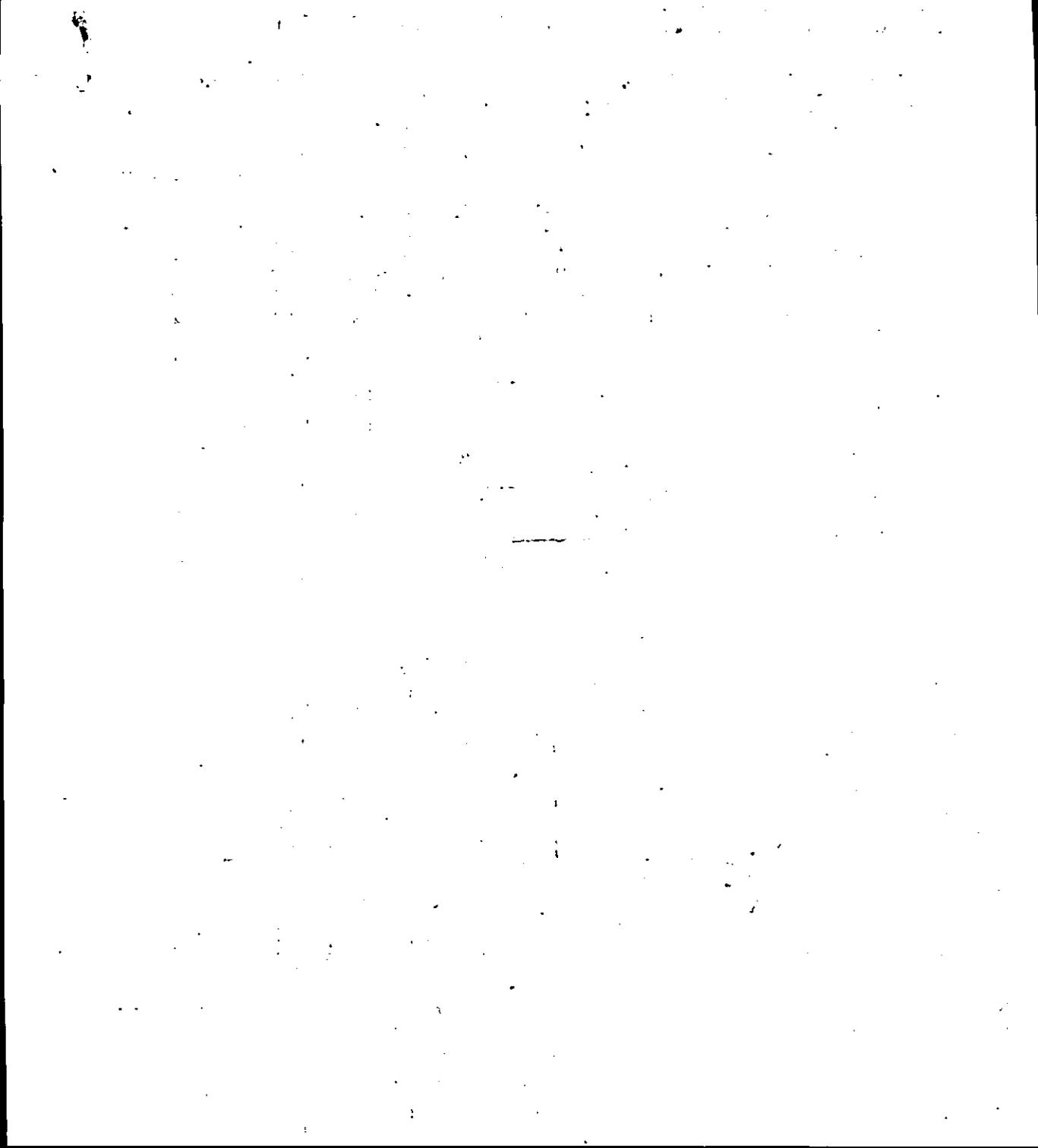
Name of operation Clinical Date of 10  
 What test confirmed diagnosis? Clinical Was there an autopsy? No

**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?**  
 If so, specify J. C. Sultman, M. D.  
 (Signed) J. C. Sultman  
 (Address) Hannibal Mo.

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**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Marion

Registration District No. 547

Township Harmon

Primary Registration District No. 3029

City Harmon (No. Reeling Hoop)

File No. \_\_\_\_\_  
Registered No. 276  
St. 6 Ward \_\_\_\_\_

**2. FULL NAME**

Wanda Arnette

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.

(Usual place of abode) \_\_\_\_\_  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>0</u>	<u>1</u>	<u>0</u>	

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) \_\_\_\_\_

13. NAME \_\_\_\_\_

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

15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19.

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED \_\_\_\_\_ 19 X E. M. Rude Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the \_\_\_\_\_ stated above, at \_\_\_\_\_ m.

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

Atherosclerosis and Arteriosclerosis

Date of onset \_\_\_\_\_

Chronic Tuberculosis; not pneumonia

Other contributory causes of importance: \_\_\_\_\_

Name of operation 158 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? \_\_\_\_\_ 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? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) J. E. Sultzman M. D. (Address) Harmon ma

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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