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.

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

NOV 13 1934

Do not use this space.

36188

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 4691

Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 4420 Warwick Boulevard St. Ward)

2. FULL NAME Arthur Francis Ault

(a) Residence, No. 4420 Warwick Boulevard St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Ross Ault

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
85	3	6	

OCCUPATION

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

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) Washington Tennessee

FATHER

13. NAME — Ault

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

MOTHER

15. MAIDEN NAME Dont Know

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

17. INFORMANT Mrs Lora Ault Drooman
(ADDRESS) 5200 Sunset Drive

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 10/24, 1934

19. UNDERTAKER Stine McClure
(ADDRESS) 3235 Gillham Place

20. FILED 10-23, 1934 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Middle of Sept. (13th), 1934

I last saw him alive on 21, 1934. Death is said to have occurred on the date stated above, at P. m. 10:30

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

Pneumonia Bronchial — Date of onset

131
93D
109A

131

Other contributory causes of importance:
Arterio-Sclerosis - Myo. Carditis
Chronic Nephritis

Name of operation Date of

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? X Date of injury X, 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [signature] M. D.

(Address) 1202 Waldheim Bldg