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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

NOV 22 1934

Do not use this space.

File No. 139 38847

Registered No.

1. PLACE OF DEATH

24 County Clay — Registration District No. 198

2 Township ~~Fishing River~~ — Primary Registration District No. 3011

4 City Excelsior Springs, Mo. (No. V.A. Facility St. 3d Ward)

2. FULL NAME Reid ARNOLD

(a) Residence, No. VAF, Excelsior Springs, Mo. St., Ward. XX
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 6 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~~ Hazel Arnold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 8, 1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
48	1	3	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. V.A. Facility

10. Date deceased last worked at this occupation (month and year) XX

11. Total time (years) spent in this occupation XX

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amsden Ohio

FATHER

13. NAME George Arnold

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

MOTHER

15. MAIDEN NAME Louisa Milligan

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

17. INFORMANT (ADDRESS) Records, V.A. Facility Excelsior Springs, Mo.

18. BURIAL, ~~CREMATION, OR~~ REMOVAL

PLACE McBride, Mich. DATE Nov. 14, 1934

19. UNDERTAKER (ADDRESS) Herbert Hope Excelsior Springs, Mo.

20. FILED 11-14-1934 Mrs Rea McCrasken Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 9, 1934 to November 11, 1934

I last saw him alive on November 11, 1934. Death is said to have occurred on the date stated above, at 4:40 P.M.

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

	Date of onset
Hypertension, Severe	
Myocarditis, Severe	
Cardiac Hypertrophy	

Other contributory causes of importance:

Name of operation XX Date of XX

What test confirmed diagnosis? Exam & Obs. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? XX Date of injury, 19

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

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

Manner of injury XX

Nature of injury XX

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. HARDEGREE, M. D.

(Address) VAF, Excelsior Springs, Mo.