

WHITE 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

Do not use this space.

DEC 27 1934

File No. 8 39872
Registered No. 8

1. PLACE OF DEATH

County Coleda Registration District No. 450
Township Engle Primary Registration District No. 5615
City (No.) St. Ward

2. FULL NAME

Lewis Arnold

(a) Residence, No. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Malinda Worley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Johnson Co Tenn

13. NAME Whitman

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

15. MAIDEN NAME Whitman

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

17. INFORMANT (ADDRESS) Rosa Cook Elderidge

18. BURIAL, CREMATION, OR REMOVAL Rocky Cemetery DATE Nov 5 '34

19. UNDERTAKER (ADDRESS) Johnnie Stewart Johnson

20. FILED 11-19-34 Registrar D. C. [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934, to Nov 7, 1934
I last saw him alive on Nov 7, 1934. Death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

131
chronic interstitial nephritis Date of onset 1932

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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? no
If so, specify
(Signed) H. A. Hamilton, M. D.
(Address) Johnson, Mo.

**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 Laclede Registration District No. 450
 Township Anglize Primary Registration District No. 5615
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Leece Arnold
 (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)

File No. 8
 Registered No. 8

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Malinda Worley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7 - 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 0 0

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

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1934 to Nov 7 1934
 I last saw her alive on Nov 5 1934. Death is said to have occurred on the date stated above, at 5.9 a.m.
 The principal cause of death and related causes of importance were as follows:
Interst reptitis chronic

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Tenn

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Nora C. Edgermo

18. BURIAL, CREMATION, OR REMOVAL PLACE Huff Cemetery DATE Nov 8 1934

19. UNDERTAKER (ADDRESS) Holmes & Stewart Lebanon Mo

20. FILED 11-19 1934 D. Attkins Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? bedside 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 _____
 (Signed) H. A. Hamilton, M. D.
 (Address) Lebanon Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

SUPPLEMENTARY

JAN 3 1 1935

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