

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.

JAN 14 1935

41896

1. PLACE OF DEATH

County Cass
 Township Golden City
 City Golden City (No. _____)

Registration District No. 39
 Primary Registration District No. 5036

File No. _____
 Registered No. 16
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 11 15

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) Golden City, Mo.

MOTHER FATHER 13. NAME James Smith

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

MOTHER 15. MAIDEN NAME Rachel Walker

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

17. INFORMANT Dave Arnold (ADDRESS) Golden City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Johns DATE 12-17-34

19. UNDERTAKER J. H. Phillips (ADDRESS) Golden City, Mo.

20. FILED 12-17 1934 B. H. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934, to Dec 15, 1934

I last saw her alive on Dec 15, 1934 Death is said to have occurred on the date stated above, at 10 P. m.

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

466
Carcinoma of intestine
 Other contributory causes of importance: 46

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) Chas. R. Brown, M. D.
 (Address) Golden City, Mo.

