

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.

FEB 21 1935

511

1. PLACE OF DEATH

County

Deedar

Township

B of

City

(No.

Registration District No.

163

Primary Registration District No.

5228

File No.

Registered No.

13

St.

Ward)

2. FULL NAME

Martha Ann Arnett

(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)

widow

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

Jacob S Arnett

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

Jan 15 - 1842

7. AGE

YEARS

93

MONTHS

-

DAYS

15

If LESS than 1 day, ... hrs. or min.

OCCUPATION

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)

Woodford Co. Ill

MOTHER FATHER

13. NAME

J. Davidson

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

Knox Co Ohio

15. MAIDEN NAME

Martha Davidson

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

Kny

17. INFORMANT (ADDRESS)

L. B. Arnett
El Dorado Springs Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Martin Am

DATE

Feb 1

1935

19. UNDERTAKER (ADDRESS)

Graves Funeral Home
El Dorado Springs Mo

20. FILED

1-31-1935

J. W. Dawson

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 30

1935

22. I HEREBY CERTIFY, That I attended deceased from

Jun 13

1935, to, Jan 30

1935

last saw her alive on Jan 13, 1935. Death is said

to have occurred on the date stated above, at 6:30 P. M.

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

Chronic myocarditis

Date of onset

Other contributory causes of importance:

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?

Date of injury

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. W. Dawson

, M. D.

(Address) El Dorado Springs

