

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

Do not use this space.

FEB 25 1935

1002

1. PLACE OF DEATH

County Grundy

Registration District No. 328

Township Trenton

Primary Registration District No. 3017

City Trenton (No.)

File No.

Registered No.

St. Ward

2. FULL NAME

Ethel Mae Arbuckle

(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 2 yrs. 28 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

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

Oct 28, 1934

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

2

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Trenton

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Leslie Arbuckle

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Trenton

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Nellie Warner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Trenton

(STATE OR COUNTRY)

Missouri

14.

INFORMANT Mrs. J. A. Good

(Address) Trenton, Mo.

15.

FILED 23 1935

Irene D Fair

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-22 1935

17.

I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ,

that I last saw h. Alive on , 19 , and that

death occurred, on the date stated above, at about 1:05 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Found dead - From past history probably died from imperfect closure of Foramen Ovale

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Herbert C. Kunkel, M. D.

Corona Crutchy Co. Trenton, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Maple Grove, Trenton

Jan 23 1935

20. UNDERTAKER

Bern C. Davis, 3216

Trenton, Mo

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.

