

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

Do not use this space.

MAY 21 1935

11888

1. PLACE OF DEATH

County Bates
Township.....
City Butler (No.)

Registration District No. 50
Primary Registration District No. 3004

File No.....
Registered No. 29
St. Ward)

2. FULL NAME James Alfred Arrasmith

(a) Residence, No. 810 W. Dakota Street 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 8 12

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Trenton Missouri
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER A.C. Arrasmith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Margaret Vancleave
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Mrs. Mary Arrasmith
(Address) Butler Missouri

15. FILED April 14, 1935 Nena L. Culver
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12th. 1935

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1935 to April 12, 1935 that I last saw him alive on April 12, 1935, and that death occurred, on the date stated above, at 4:45 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
Carcinoma Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY Carcinoma Stomach
(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF 4/6

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Carter H. Luter, M. D.
4/13, 1935 (Address) Butler, 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 Oak Hill Cemetery DATE OF BURIAL Apr. 14/35

20. UNDERTAKER Booth and Boughan, Rich Hill Mo. ADDRESS

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.

