

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.

MAY 29 1935

13323

## 1. PLACE OF DEATH

County Jeff. County  
Township Wash.  
City St. Louis (No.            St.            Ward           )

Registration District No. 423  
Primary Registration District No. 5578

File No.             
Registered No. 13

## 2. FULL NAME

(a) Residence, No. Shirley Mae Arnold - R. R. 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)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 19 - 1905</u>		
7. AGE	YEARS	MONTHS
		1
		DAYS
		1
		IF LESS than 1 day, hrs. min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>          </u>
	10. Date deceased last worked at this occupation (month and year)	<u>          </u>
	11. Total time (years) spent in this occupation	<u>          </u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jeff. Co Mo13. NAME Geo. Arnold14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Kate G. Becker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO17. INFORMANT Geo Arnold (ADDRESS) Arnold MO18. BURIAL, CREMATION, OR REMOVAL PLACE Maxville Mo DATE Apr 19 193519. UNDERTAKER Opindle and Co (ADDRESS) 7919 Madison20. FILED April 19 - 1935 Phil J. Kirk Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18 193522. I HEREBY CERTIFY, That I attended deceased from April 18 1935, to Apr 18 1935I last saw her alive on 4 - 18 1935. Death is said to have occurred on the date stated above, at 7:45 m.

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

atelectasis  
16/19  
Date of onset 4-18-35

Other contributory causes of importance:

Name of operation none Date of             
What test confirmed diagnosis? sketch Was there an autopsy? no23. 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) W. Dalton, M. D.  
(Address) Fenton Mo

