

JUN 25 1935

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

Do not use this space.

1. PLACE OF DEATH

County MillerTownship EqualityCity IndependenceRegistration District No. 564Primary Registration District No. 5738File No. 13625

Registered No. _____

St. _____

Ward _____

2. FULL NAME Mrs. Emely Arnel

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Logan Arnel</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 11, 1864</u> | | |
| 7. AGE <u>71</u> | YEARS <u>1</u> | MONTHS <u>12</u> |
| DAYS <u>12</u> | | If LESS than 1 day, _____ hrs. or _____ min. |

| | |
|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> |
| | 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) <u>Franklin Township</u> |
| (STATE OR COUNTRY) <u>Missouri</u> |

| |
|--------------------------------|
| 13. NAME <u>H. L. Woods</u> |
|--------------------------------|

| |
|--|
| 14. BIRTHPLACE (CITY OR TOWN) <u>Virginia</u> |
| (STATE OR COUNTRY) |

| |
|--|
| 15. MAIDEN NAME <u>Miss. Elvira Jane Vaughn</u> |
|--|

| |
|--|
| 16. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> |
| (STATE OR COUNTRY) |

| |
|--|
| 17. INFORMANT <u>Mary Jane Lowery</u> |
| (ADDRESS) <u>Eldon, Missouri</u> |

| |
|--|
| 18. BURIAL, CREMATION, OR REMOVAL <u>Buried</u> |
| PLACE <u>Woods</u> |
| DATE <u>7-25-1935</u> |

| |
|-------------------------------------|
| 19. UNDERTAKER <u>D. E. Ryan</u> |
| (ADDRESS) <u>Eldon, Mo.</u> |

| |
|-----------------------------|
| 20. FILED <u>4-25-35</u> |
| <u>D. H. Rouns</u> |
| Registrar. |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 193522. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1935, to Apr 23, 1935I last saw him alive on Apr 23, 1935. Death is saidto have occurred on the date stated above, at 7:30 P.m.

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

Date of onset

Pneumonia

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Expt 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) D. H. Rouns, M. D.(Address) Eldon, Mo.W. S. Rouns

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.

100

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

Do not use this space.

1. PLACE OF DEATH

County Miller
Township _____
City _____ (No. _____)

Registration District No. 564
Primary Registration District No. 575-8

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

2. FULL NAME

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE Gr 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 1 12

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 year spent in this occupation

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

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw deceased on _____, 19____ Death is said to have occurred on the date stated above, at _____ m.

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

Pneumonia
Lobar
108

Date of onset

4-13

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

Registrar

JUN 28 1935

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RECEIVED