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

Do not use this space.

20216

JUL 23 1935

1. PLACE OF DEATH
County Laclede — Registration District No. 449
Township — Primary Registration District No. 4267
City Lebanon (No. ..., St. ..., Ward) — File No. ... Registered No. ...

2. FULL NAME Neva E. Arnold

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Fred Arnold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 17-1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	23	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

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): Camden Co. Mo.

FATHER

13. NAME: Wm Rhodes

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

MOTHER

15. MAIDEN NAME: Rosalee Mosier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Camden Co Mo.

17. INFORMANT (ADDRESS): Fred Arnold Lebanon Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Lebanon Mo. DATE: June 23 1935

19. UNDERTAKER (ADDRESS): Palmer Lebanon

20. FILED 6/22 1935 J. A. McComb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 31st, 1935, to June 19th, 1935

I last saw h[illegible] alive on June 19th, 1935. Death is said to have occurred on the date stated above, at 11 A. m.

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

	Date of onset
Tuberculosis of Lungs & Throat	

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? No.
If so, specify ...

(Signed) J. L. Benage, M. D.
(Address) Lebanon Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD