

1 JUL 25 1935

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

Do not use this space.

20509

1. PLACE OF DEATH

County New Madrid  
Township Cross  
City (No. ....) St. .... Ward)

Registration District No. 605  
Primary Registration District No. 4357

File No. ....  
Registered No. ....

2. FULL NAME Geneva Pearl Arthur

(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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1935-4-27</u>		
7. AGE YEARS <u>no</u>	MONTHS <u>2</u>	DAYS <u>3</u>
If LESS than 1 day, ..... hrs. or ..... min.		
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 (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-27, 1935, to June 30, 1935

I last saw her alive on 5-12, 1935. Death is said

to have occurred on the date stated above at 3 A m.

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

Encephalomyelitis  
Congenital Meningocele - Birth

Date of onset 5-1-35

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? Chemist 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) A. F. Bushman, M. D.

(Address) Parma

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

MOTHER FATHER 13. NAME Charley Arthur

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

15. MAIDEN NAME Edcil Cummings

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

17. INFORMANT Charley Arthur

18. BURIAL, CREMATION, OR REMOVAL

PLACE Parma DATE 6-30-35

19. UNDERTAKER J. C. Knight

(ADDRESS) Parma, no

20. FILED 6/30 1935 A. F. Bushman Registrar.

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.

6.30

4.27

2.03