

JUL 26 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

20697

1. PLACE OF DEATH

County Platte Co.Registration District No. 692Township DearbonPrimary Registration District No. 4414City Dearbon (No. 1)St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. James Thomas Arnold St. Mo. Ward 1

(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)

Single

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

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

Dec 24 - 1933

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

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

Ref.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year)

May 193511. Total time (years) spent in this occupation None

OCCUPATION

FATHER

MOTHER

INFORMANT

BURIAL, CREMATION, OR REMOVAL

FILED

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

Dearbon Missouri

13. NAME

Roy Arnold

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

Dearbon Mo.

15. MAIDEN NAME

Martha Edwards

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

Wallace Missouri

17. INFORMANT (ADDRESS)

Roy Arnold Dearbon Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Turner Am DATE June 3rd 1935

19. UNDERTAKER (ADDRESS)

Dearbon Mo.

20. FILED

June 3, 1935M. H. Moore Registrar

MEDICAL CERTIFICATE OF DEATH

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

June 2nd 1935

22. I HEREBY CERTIFY That I attended deceased from

June 2, 1935 to June 2, 1935I last saw him alive on June 2, 1935. Death is saidto have occurred on the date stated above, at 11 a. m.

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

Cholera Infantum Date of onset May 28 1935

Other contributory causes of importance:

None givenName of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None 1935Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify no(Signed) M. H. Moore M. D.(Address) Dearbon 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.

