

JUN 27 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

20802

1. PLACE OF DEATH

County Ripley
 Township Chippawan
 City (No.)

Registration District No. 750
 Primary Registration District No. 5985

File No. 13
 Registered No. 1308
 St. Ward

2. FULL NAME

(a) Residence, No. Peter Jackson Arnold 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-19-1847

7. AGE YEARS 88 MONTHS 2 DAYS 17 IF LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee13. NAME Wm. Arnold14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.15. MAIDEN NAME Sarah16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.17. INFORMANT Wm. S. Arnold (ADDRESS) Esplan. Bluffs, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 6-8- 193519. UNDERTAKER Jordan Roush (ADDRESS) Chippawan20. FILED 6-7-1935 C. B. Johnston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6-193522. I HEREBY CERTIFY, That I attended deceased from Aug, 1932, to May 6, 1935I last saw him alive on May 2, 1935 Death is saidto have occurred on the date stated above, at 10:05 P. M.

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

Chronic nephritis

Date of onset

Other contributory causes of importance:

Arterio SclerosisName of operation Date of What test confirmed diagnosis? clinical 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? noIf so, specify (Signed) J. H. Adams, M. D.(Address) Chippawan Mo

WRITE PERMANENT, 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.

