

JUL 29 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

21833

1. PLACE OF DEATH

County ScottRegistration District No. 821Township ScottPrimary Registration District No. 4553City Sikeston (No.)

St. Ward)

2. FULL NAME

Bobby Dale Arnold(a) Residence, No. North Frisco 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. 9 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)

Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFInfant6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21-1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.090

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 Infant12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Sikeston,
Mo.

MOTHER FATHER

13. NAME

Louis Arnold14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Gallatin County
Illinois

15. MAIDEN NAME

Eva Bruner16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Gallatin County
Illinois17. INFORMANT
(ADDRESS)D. Arnold
Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE McMullin Mo. DATE June 22, 193519. UNDERTAKER
(ADDRESS)W. J. Welch
Sikeston Mo.

20. FILED

July 5, 1935W. J. Welch
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 193522. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 10:00 a.m.

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

Calculus

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) W. J. Welch M. D.(Address) Sikeston 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.

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C. 20250

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