DEC 6 1935

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

Do not use this space.

32462

1. PLACE OF DEATH
County Greene
Township Murray
City ..... (No. ..... St. ..... Ward)

Registration District No. 323
Primary Registration District No. 5448

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

2. FULL NAME Mrs Adelaide Arbuckle
(a) Residence, No. R.F.D.1, Willard St., ... Ward.
(Usual place of abode) 15
(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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 18, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	71	1	19	

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) Nov. 1933
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beardstown, Ill.

FATHER
13. NAME S.R.Parmenter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

MOTHER
15. MAIDEN NAME Emmalias Livingstone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Julian Arbuckle R.F.D.1, Willard, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Pleasant Cem DATE 10-8-1935

19. UNDERTAKER (ADDRESS) R.L.Greenwade Und. Co. Willard, Missouri

20. FILED 10-8-1935 19 Mrs. R. Hughes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th last to Oct 7 1935, 19....
I last saw h.r alive on about 3 months ago Death is said to have occurred on the date stated above, at 1.40 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	

Other contributory causes of importance:

Hypertension	5 yrs duration
Chronic myocarditis	10 yrs duration
Chronic Nephritis	8 yrs duration

Name of operation None Date of None
What test confirmed diagnosis? Clinical 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) Charles H. McCaffree, M. D.
(Address) Ash Grove 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

108M-11-24-33

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