

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

Do not use this space.

NOV 22 1935

33199

1. PLACE OF DEATH

County Lawrence Registration District No. 467
Township _____ Primary Registration District No. 2280
City Aurora, Mo. (No. Oriskany Hospital) St. _____ Ward _____

File No. _____
Registered No. 54
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Billings, Mo. 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 F 4. COLOR OR RACE W 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. 19, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4 24 9 14

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

12. BIRTHPLACE (CITY OR TOWN) Billings, Mo. (STATE OR COUNTRY)

13. NAME Frank Arndt

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

15. MAIDEN NAME Mary Garrison

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

17. INFORMANT Mrs. Claude Arndt (ADDRESS) Billings, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Small Cemetery DATE Oct. 5, 1935

19. UNDERTAKER W. J. Hurley (ADDRESS) Mo.

20. FILED Oct 3, 1935 R. H. Cowan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-3-35, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-26-35, 1935, to 10-3-35, 1935

I last saw her alive on 10-3-35, 1935 Death is said to have occurred on the date stated above, at 8:55 p.m.

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

Paralytic ileus Date of onset 10-2-35
Misenteric Thrombosis ?
1218
Other contributory causes of importance:
Acute Appendicitis

Name of operation Stuchels Diverticulum - Repair Date of 9-26-35
Appendectomy
What test confirmed diagnosis? _____ 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 _____, 1935

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) R. W. Smart, M. D.
(Address) Aurora, 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.

THIS IS A PERMANENT RECORD

