

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

Do not use this space.

NOV 27 1935

34885

1. PLACE OF DEATH

County Stoddard

Registration District No. 836

File No. 62

Township Elk

Primary Registration District No. 6100

Registered No. 62

City Dexter R. H. (No.) St. Ward)

2. FULL NAME Mary Lorene Arnold

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14 19 35

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

22. I HEREBY CERTIFY, That I attended deceased from 10/12 1935 to 10/14 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1935

I last saw her alive on 10/12/35, 19... Death is said to have occurred on the date stated above, at 5:30 a. m.

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

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

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

Cholera Infantum
Date of onset 10/12/35

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

Other contributory causes of importance:
Bottle Feeding

13. NAME Walter D. Arnold

Name of operation..... Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co., Missouri

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury....., 19...
Where did injury occur?..... (Specify city or town, county, and State)

15. MAIDEN NAME Belvie Roberts

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

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co., Missouri

17. INFORMANT Walter D. Arnold (ADDRESS) Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Taylor Cem. DATE 10-15-35 19...

19. UNDERTAKER Blankenship-Strickland (ADDRESS) Dexter, Mo.

20. FILED Nov 1 19 35 Plouffe Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify..... (Signed) B. S. Brown, M. D. (Address) Dexter 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.

