

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

Allen
 Do not use this space.

NOV 25 1935

36724

1. PLACE OF DEATH

County *Miller*
 Township *Bellevue*
 City *Bellevue* (No. _____)

Registration District No. *561*
 Primary Registration District No. *4330*

File No. _____
 Registered No. *92*
 St. _____ Ward _____

2. FULL NAME

(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

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ida Arnold*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 8 1863*
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 8 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *R.P. Mechanic*
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Richland Missouri*

13. NAME *James Arnold*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Mary Hammess*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT *Ida Arnold* (ADDRESS) *Bellevue, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bellevue* DATE _____ 19____

19. UNDERTAKER *Phillips Funeral Home* (ADDRESS) *Bellevue Mo.*

20. FILED *Nov 19 1935* *Willie Haynes* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 19 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 18 1935* to *Nov. 19 1935*

I last saw h. alive on *Nov. 18 1935* Death is said to have occurred on the date stated above, at *8 A. m.*

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

Uremia

Date of onset *Nov. 12, 1935*

Other contributory causes of importance:

Nephritis
Arteriosclerosis generalized

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? *No*

If so, specify (Signed) *James Wallace*, M. D.
 (Address) *Bellevue Mo.*

$$\begin{array}{r}
 9 \\
 303.98 \\
 - 29.50 \\
 \hline
 274.48
 \end{array}$$

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

ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY

1. PLACE OF DEATH

County Miller
 Township _____
 City Eldon (No. _____, St. _____ Ward)

Registration District No. 5-61
 Primary Registration District No. 4330

File No. _____
 Registered No. 92

2. FULL NAME

Wilburn J. 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

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 8 11

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Nov 20, 1935 Belle Haynes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 1935

22. 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 _____ m.

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

Date of onset

Other contributory causes of importance:

Nephritis
chronic

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) James Wallace, M. D.

(Address) Eldon

S-36724

RECEIVED
JAN 10 1964