

JAN 3 1935

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

Do not use this space.

40519  
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1. PLACE OF DEATH

County Chambers  
Township .....  
City ..... (No. .....)

Registration District No. 111  
Primary Registration District No. .....

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

2. FULL NAME Golda Arant

(a) Residence, No. Portageville, Mo. 2 St. 2 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE YEARS 42 MONTHS 4 DAYS 17 If LESS than 1 day, .....hrs. or .....min.

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

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) Laurel, Mo.

13. NAME Henry Lemma

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Mo.

15. MAIDEN NAME Lydia Moore

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

17. INFORMANT (ADDRESS) Mrs. Minnie Beckman, Postageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ray City DATE Dec. 24 1934

19. UNDERTAKER (ADDRESS) B. M. Payne, Postageville, Mo.

20. FILED Dec 28 1934 Mary W. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec., 23, 35 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec., 23, 35 only one visit, 1935. I last saw h. or alive on Dec., 23, 35, 1935. Death is said to have occurred on the date stated above, at 3 P. m.

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

acute Malaria & Influenza

Date of onset

Other contributory cause of importance: .....

uraemia due to acute nephritis

Name of operation None 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) A. G. Tucker

(Address) Postageville, Mo.

M. D.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAFON RESERVED FOR BINDING

