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.

DEC 20 1935

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

Do not use this space.

42127

1. PLACE OF DEATH
County Schuyler — Registration District No. [illegible]
Township Prairie — Primary Registration District No. 1051
City Queencity Mo (No. ..... St. ..... Ward)

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

2. FULL NAME Arthur B Stine

(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. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Mrs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 - 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	10	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter - former
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 life

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

FATHER
13. NAME Isaac B Stine
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Francis Emerson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs James George Queencity Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Queencity Cemet DATE Dec 11 1935

19. UNDERTAKER (ADDRESS) Wm N West Queencity Mo

20. FILED 12/10 1935 J. T. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to Dec 9, 1935
I last saw him alive on Dec 9, 1935 Death is said to have occurred on the date stated above, at 10:30 P m.
The principal cause of death and related causes of importance were as follows:

Valvular heart lesion long before I saw him also dropsical

Date of onset

Other contributory causes of importance: Kidneys failed to secrete

Name of operation None Date of .....
What test confirmed diagnosis? Stethoscope Was there an autopsy? No

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)
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) Lafayette Noe M. D.
(Address) Queen City Mo