JAN 31 1935

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

Do not use this space.

1201

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 54
City Kansas City (No. St Joseph Hospital St. Ward)

2. FULL NAME Lon L. Arnold.
(a) Residence, No. 6939 Agnes St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: 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: Winifred

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-18-1878

7. AGE: YEARS 57 — MONTHS 2 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter
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): Missouri

FATHER
13. NAME: W J Arnold.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not Know

MOTHER
15. MAIDEN NAME: Do not Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do Not Know

17. INFORMANT (ADDRESS): Winiford Arnold. #6939 Agnes

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moreah DATE 1/4/35 19

19. UNDERTAKER (ADDRESS): O. V. MAST FUNERAL HOME, Inc. 3146 ~~Main St.~~

20. FILED Jan 6 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2-36, 19

22. I HEREBY CERTIFY, That I attended deceased from December 27, 1935, to January 2, 1936
I last saw him alive on Jan 2, 1935 Death is said to have occurred on the date stated above, at 9:30 P.m.
The principal cause of death and related causes of importance were as follows:

Pari Rectal Abscess

Other contributory causes of importance: Septicemia

Date of onset

Name of operation Open drained abscess Date of Jan 1-36
What test confirmed diagnosis? Physical Lab Was there an autopsy? Yes

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) Edward L. Teufel, M. D.
(Address) 712 Argyle Bg.

Dr Tarson S.S. Professional Bldg Vi #4222 Bn
Residence 5404 Brooklyn

#712
Dr. Tuebel. Argyle Bldg Vi 8050

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

Do not use this space.

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: — Primary Registration District No.: 1002
City: Kansas City (No. ..., St. ..., Ward)

File No.:
Registered No.: 54

2. FULL NAME: Lon L. 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 57 MONTHS DAYS — If LESS than 1 day, ... hrs. or ... min.

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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
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 1/6, 19 36 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1935 to Jan 2, 1936
I last saw h... alive on Jan 2, 1936. 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
Pari Rectal abscess	
Cause unknown	
Edward L. Jendel M.D.	Jan 2, 1936

Other contributory causes of importance:

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) Edward L. Jendel M. D.
(Address) 712 Argyle Bldg

S-1201