

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.

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

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

Do not use this space.

MAR 24 1936

2457

1. PLACE OF DEATH

County Griffin

Registration District No. 668

File No. 33

Township

Primary Registration District No. 30.32

Registered No. 668

City

(No)

Sedalia Bathwell Shop

St.

Ward

2. FULL NAME

(a) Residence No.

659 E 14

St.

Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 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

Anna Carl Arnold

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

March 30 - 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

57

10

1

OCCUPATION

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

Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Rail Road Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

15

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

Cooper County Missouri

FATHER

13. NAME

Henry Arnold

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

Missouri

MOTHER

15. MAIDEN NAME

Amanda Anderson

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

Missouri

17. INFORMANT (ADDRESS)

Mrs. Anna Arnold

18. BURIAL, CREMATION, OR REMOVAL

PLACE Grave Hill DATE Jan 31 - 1936

19. UNDERTAKER (ADDRESS)

Mc Laughlin Bros

20. FILED

1-31-1936

Jean Slack

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Jan 31 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-28, 1936, to 1-31, 1936

I last saw him alive on 1/31/36, 1936 Death is said to have occurred on the date stated above, at 7A m.

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

Distraction of bowels due to Intussusception of ileum

Date of onset

2da
1/26

Other contributory causes of importance:

122 lbs

Name of operation

Laparotomy

Date of 2/29/36

What test confirmed diagnosis? vision Was there an autopsy? no

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)

W. B. B.

M. D.

(Address)

Sedalia Mo

