

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.

MAR 17 1936

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

Do not use this space.

5008

1. PLACE OF DEATH

County Grass
Township Grand River
City Harrisonville (No. 5219)

Registration District No. 156
Primary Registration District No. 5219

File No. 5008
Registered No. 5219
St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. Alta Fay Arnold St. Mo. Ward 1

(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) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30 4 24

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 always

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

FATHER

13. NAME J. W. Arnold

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

MOTHER

15. MAIDEN NAME Mary Edith Browning

16. BIRTHPLACE (CITY OR TOWN) Bates Co. Mo. (STATE OR COUNTRY)

17. INFORMANT Rozella E. Arnold (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Everett Cem. DATE Feb 10 36

19. UNDERTAKER Atkinson Bros. East (ADDRESS) Harrisonville Mo.

20. FILED Feb 10 1936 E. M. Griffith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1936 to Feb 8 1936

I last saw h. en alive on Feb 6 1936 Death is said

to have occurred on the date stated above, at 9:15 P.

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

Chronic Nephritis Date of onset

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) E. M. Griffith M. D.

(Address) Harrisonville Mo.

