

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

Do not use this space.

MAR 23 1936

5635

1. PLACE OF DEATH

County Howard
Township Beanslick
City Beals (No. 5508)

Registration District No. 377
Primary Registration District No. 4241

File No. 3
Registered No. 3
St. 3 Ward 3

2. FULL NAME Lenard P. Arnold

(a) Residence, No. 377 St. 3 Ward 3

(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Jackson Arnold
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17-1853
7. AGE YEARS 82 MONTHS 10 DAYS 22 IF LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) 1930
11. Total time (years) spent in this occupation life

FATHER

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

13. NAME Not known

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT B. L. Arnold (ADDRESS) Glasgow, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clark Chapel DATE 2/12/36

19. UNDERTAKER (ADDRESS) new franklin

20. FILED 3-1 19 36 W. A. Bloom Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 19 36

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 19 36, to Feb 9 19 36

I last saw him alive on Feb 3 19 36. Death is said to have occurred on the date stated above, at 11:40 p.m.

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

Influenza

Date of onset 2/2/36

Other contributory causes of importance:

Myocarditis

Don't know

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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? No

If so, specify _____

(Signed) Carl C. Meyer, M. D.

(Address) Glasgow, Missouri

