

MAR 20 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6641

1. PLACE OF DEATH

County Lewis
Township _____
City Lewistown (No. _____)

Registration District No. 481
Primary Registration District No. 4290

File No. 4
Registered No. 2
St. _____ Ward _____

2. FULL NAME William L. Arnold

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora May Arnold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21, 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
72 3 29

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

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

13. NAME William L. Arnold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Missouri

15. MAIDEN NAME Jennie Bowen

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

17. INFORMANT Mrs. Cora M. Arnold (ADDRESS) Lewistown, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lewistown, Mo. DATE Feb. 22, 1936

19. UNDERTAKER James Alader (ADDRESS) Lewistown, Missouri

20. FILED 2/21/36 James Alader Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1935, to Feb 20, 1936
I last saw him alive on Feb 20, 1936 Death is said to have occurred on the date stated above, at 3,000 m.
The principal cause of death and related causes of importance were as follows:

Prostatic Enlargement and Bacterial Irritation Date of onset 1929

Other contributory causes of importance:
Debility and retention of poison years

Name of operation None Date of _____
What test confirmed diagnosis? None 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) Harry L. McBroder, M.D.
(Address) Lewistown, Mo.

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.

STATE BOARD OF HEALTH, WITH UNFADING INK—THIS IS A PERMANENT RECORD

