

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

Do not use this space.

11196

APR 20 1936

1. PLACE OF DEATH

County Gasper
Township Gasper
City Gasper (No. 1108)

Registration District No. 411
Primary Registration District No. 2002
1108 Byers

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Henry W Arnold Ward. 1108 Byers
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16-36

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

22. I HEREBY CERTIFY That I attended deceased from March 7 1936 to March 15 1936
I last saw him alive on March 14 1936 Death is said to have occurred on the date stated above, at 12-10 AM
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 1880
7. AGE YEARS 55 MONTHS 4 DAYS 4 If LESS than 1 day, hrs. or min.

Date of onset

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

Influenza 2 wks ago

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, S. Carolina

Other contributory causes of importance: Heart Disease (Rupt) 5

MOTHER FATHER 13. NAME Frank Arnold

Name of operation..... Date of.....
What test confirmed diagnosis? Microscopic Was there an autopsy?.....

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

MOTHER 15. MAIDEN NAME Mary Johnson

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT (ADDRESS) Lucille Arnold
Gasper Mo

18. BURIAL, CREMATION OR REBURYAL Franklin Ave DATE 3-18-36

19. UNDERTAKER (ADDRESS) Wentworth and Co
Gasper Mo

20. FILED 3-17 36 19..... Ed James Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) Keith L. Huff M. D.
(Address) Gasper 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.

