

JUN 17 1936

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

Do not use this space.

19369

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Law Primary Registration District No. 1002
City Kansas City (No. 829 East 76 St.) St. _____ Ward _____

File No. _____
Registered No. 2319

2. FULL NAME Arthur John Arn

(a) Residence, No. 829 East 76 St. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 17 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 24

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

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

10. Date deceased last worked at this occupation (month and year) 1909 11. Total time (years) spent in this occupation 17

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

13. NAME Ferdinand Arn

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

15. MAIDEN NAME Katherine Bohrer

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

17. INFORMANT Mrs. Anna Arn (ADDRESS) 829 East 76 St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 5/8/36

19. UNDERTAKER Geo. H. Long (ADDRESS) K.C.K.

20. FILED May 6, 1936 M. M. Groves Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1936 .19

22. I HEREBY CERTIFY, That I attended deceased from May 5th, 1936, to May 6th, 1936. I last saw him alive on May 5th, 1936. Death is said to have occurred on the date stated above, at 2:50 A.M. The principal cause of death and related causes of importance were as follows:

Angina Pectoris

gfa

Other contributory causes of importance: Coronary Sclerosis

Name of operation none Date of _____
What test confirmed diagnosis? L 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) A. C. Angang M. D.
(Address) 404 1/2 W 95th St. L. C. 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.

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M.C. Gray

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