

JUN 23 1936

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

Do not use this space.

19844

1. PLACE OF DEATH

County *Jefferson*
Township *Ark.*
City *(No)*

Registration District No. *423*
Primary Registration District No. *4251*

File No.
Registered No. *16*
St. Ward)

2. FULL NAME

Magdalena Arnold

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

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

3. SEX *M.* 4. COLOR OR RACE *A.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 1st 1842*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
93 8 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *House Wife*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

MOTHER / FATHER 13. NAME *Mr Knidle*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *x John Arnold*
(ADDRESS) *Unnumbered no.*

18. BURIAL, CREMATION, OR REMOVAL *St Joseph Catholic Cemetery*
(PLACE) *DATE May 8th 1936*

19. UNDERTAKER *Fred H. Heiligtag*
(ADDRESS)

20. FILED *May 7 1936* *Philip G. Kirk*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 6th 1936*

22. I HEREBY CERTIFY, That I attended deceased from *1932* 19 *5-5* to *5-5* 19 *36*
I last saw her alive on *5-5*, 19 *36*. Death is said to have occurred on the date stated above, at *2:30 p.m.*
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Interstitial Nephritis

Other contributory causes of importance:
1st Emphy

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 *Chronic*
(Signed) *Chronic* M. D.
(Address) *Ammanville, 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.

1436-2-29
1869-12-10

662-11

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