

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

Do not use this space.

21668

1. PLACE OF DEATH—

County Searcy
Township Ripland
City (No. , Ward)

Registration District No. 821
Primary Registration District No. 6070

File No.
Registered No.

2. FULL NAME

Mattie Arnold
(a) Residence, No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Caucasian</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Fred Arnold</u> (or) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16/88</u>		
7. AGE <u>40</u>	YEARS <u>10</u>	MONTHS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>
	13. NAME <u>James Row</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>
	15. MAIDEN NAME <u>Millie Moore</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>
	17. INFORMANT (ADDRESS) <u>Fred Arnold</u> <u>Sikeston mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sikeston</u> DATE <u>7.30</u> 19 <u>36</u>
	19. UNDERTAKER (ADDRESS) <u>H. G. G. G.</u> <u>Sikeston</u>
20. FILED <u>6-4</u> 19 <u>36</u> <u>W. H. Pruitt</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1936

22. I HEREBY CERTIFY, That I attended deceased from MAY 10 1936 to MAY 27 1936
I last saw her alive on MAY 10 1936. Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:
Bellagra
Other contributory causes of importance
Name of operation Date of
What test confirmed diagnosis 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?
If so, specify
(Signed) W. H. Pruitt, M. D.
(Address) Sikeston mo

