WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JUL 17 1936

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

Do not use this space.

22097

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 868
City St. Joseph (No. , St. Ward)

2. FULL NAME Calvin Dudley Arthur
(a) Residence, No. 1518 Charles St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Rosie E. Arthur

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 12, 1879

7. AGE: YEARS 56 — MONTHS 7 — DAYS 16 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Real Estate Salsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: E. A. Gramer
10. Date deceased last worked at this occupation (month and year): Feb. 1936
11. Total time (years) spent in this occupation: 5yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan County Missouri

FATHER
13. NAME: John W. Arthur
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Platte County Missouri

MOTHER
15. MAIDEN NAME: Mary C. Roach
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan County Missouri

17. INFORMANT (ADDRESS): Mrs C D Arthur 1518 Charles

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sparta Cemetery DATE July 1, 1936

19. UNDERTAKER (ADDRESS): Heaton-BeGole & Bowman St. Joseph, Mo.

20. FILED June 29, 1936 H J Nettleroth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1936, to June 28, 1936
I last saw him alive on June 28, 1936. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiogenic Carcinoma of Right Lung	about 6 mos ago
Other contributory causes of importance:	
Bone Metastases	3 Mos.

Name of operation None Date of
What test confirmed diagnosis? X Ray 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) Clarence A Good, M. D.
(Address) St Joseph Mo

61785