

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

Do not use this space.

AUG 5 1936

27130

1. PLACE OF DEATH

County Linn
Township Linn
City Linn (No. _____)

Registration District No. 443
Primary Registration District No. 5601 B

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) 6

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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Attamont J. Arnet

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 31, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 1 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ayer
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER James K. Norris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iowa
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Virginia Arnett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iowa
(STATE OR COUNTRY)

14. INFORMANT Gene Arnett
(Address) Hurdland Mo

15. FILED 7/17 1936 Geo B. Early REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1936

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1936, to July 15, 1936, that I last saw him alive on July 15, 1936, and that death occurred, on the date stated above, 8:50 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic thrombocytopenic purpura
to malignant hypertension
cephalgia
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Local
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. G. Schmitt D.O. M.D.
, 19 July 15 (Address) Hurdland Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Louis Cemetery DATE OF BURIAL 7/18 1936

20. UNDERTAKER Geo B. Early ADDRESS Hurdland

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.

