

NOV 27 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

37438

1. PLACE OF DEATH

County GrundyRegistration District No. 328Township TrentonPrimary Registration District No. 3017City Trenton (No.)

St. Ward)

2. FULL NAME Leslie Arbuckle

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 2 mos. 17 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

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

July 22nd 1900

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or, ... min.

36217

OCCUPATION

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

laborer

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

P.O.D.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Sept 1936

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

Grundy Co. Missouri

FATHER

13. NAME

Stanley Arbuckle

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

Missouri

MOTHER

15. MAIDEN NAME

Sarah Jane Gowdy

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

Missouri

17. INFORMANT (ADDRESS)

Clarence Arbuckle Trenton, Missouri

18. BURIAL, CREMATION, OR REMOVAL

Maple GroveDATE Oct 11 1936

19. UNDERTAKER (ADDRESS)

Bern C. Davis #3216 Trenton, Missouri

20. FILED

10-10 1936 Irene D. Fair

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9th 193622. I HEREBY CERTIFY, That I attended deceased from October 5th 1936 to October 9th 1936I last saw him alive on October 8th 1936. Death is said to have occurred on the date stated above, at 4:00 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Gangrenous Appendicitis with perforation and abscess Date of onset Oct. 8th 1936

Other contributory causes of importance

Name of operation Appendectomy with drainage Date of operation Oct 6th 1936What test confirmed diagnosis operation 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)

(Address)

Olivier F. Coffey M. D. Trenton, Missouri

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 X7284

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.

