

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.

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

Do not use this space.

DEC 29 1936

41976

1. PLACE OF DEATH

County Morgan
Township Wheat
City Versailles (No.)

Registration District No. 598
Primary Registration District No. 4355

File No.
Registered No. 55 St. Ward)

2. FULL NAME

Walter Arnold

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF <u>Lillian Dunn</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 24 1893</u>				
7. AGE	YEARS <u>42</u>	MONTHS <u>11</u>	DAYS <u>25</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Peace officer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1936, to Nov 18, 1936

I last saw him alive on Nov 18 - , 1936 Death is said to have occurred on the date stated above, at 6:15 a.m.

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

Lobar pneumonia with lungs

Date of onset

11-13-36

Other contributory causes of importance:

Oedema of lungs

11-16-36

Name of operation None Date of
What test confirmed diagnosis Autopsy (Was there an autopsy?) Yes

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) A. J. Dunn M. D.
(Address) Versailles, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller Co. Mo</u>
	13. NAME <u>Thomas Arnold</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>
	15. MAIDEN NAME <u>No Record</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>
	17. INFORMANT <u>Mrs. Lillian Arnold</u> (ADDRESS) <u>Versailles, Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Versailles, Mo</u> DATE <u>Nov 20, 1936</u>	
19. UNDERTAKER <u>W. F. Kidwell</u> (ADDRESS) <u>Versailles, Mo.</u>	
20. FILED <u>Nov. 25, 1936</u> <u>W. E. Hurlett</u> Registrar.	

