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.

JAN 19 1937

1. PLACE OF DEATH
County: Greene
Township: Wilson
City: ..... (No. ..... St. ..... Ward)

Registration District No. 317
Primary Registration District No. 5442

File No. 44358
Registered No. .....

2. FULL NAME: Lona May Arnold

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Harvey Arnold.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 28-1898

7. AGE: Years 38 Months 2 Days 13 If LESS than 1 day, ... hrs. or ..... min.

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

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

FATHER
13. NAME: J. C. Hampton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Harvey Arnold Brookline, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Phillips cem. DATE: Dec. 12 - 1936

19. UNDERTAKER (ADDRESS): J. W. Maples. Clever, Mo.

20. FILED: Dec. 12, 1936 Mrs Bertha Nance Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 11th, 1936

22. I HEREBY CERTIFY, That I attended deceased from the body, 19....., to Dec. 11th, 1936

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:30 A.m.

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

	Date of onset
Acute Dysentery	
30 to days	

Other contributory causes of importance:
Pleuracy, with some heart involvement
Cause not certain at this time

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. J. Patterson, M. D.
(Address) Springfield, Mo.

Coroner of Greene County, Mo.