

JAN 20 1937

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

Do not use this space.

45989

1. PLACE OF DEATH

County St. Francois  
Township St. Francois  
Near City Farrington, Mo. (No. ...., ..... Ward)

Registration District No. 773  
Primary Registration District No. 6018A

File No. ....  
Registered No. 226

2. FULL NAME Carlin Arnold

(a) Residence, No. New Madrid County 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>not known</u>		
7. AGE YEARS <u>36</u>	MONTHS <u>?</u>	DAYS <u>?</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>Laborer</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.....

12. BIRTHPLACE (CITY OR TOWN) New Madrid County  
(STATE OR COUNTRY) Missouri

13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) not known  
(STATE OR COUNTRY)

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) not known  
(STATE OR COUNTRY)

17. INFORMANT Hospital Records  
(ADDRESS) Farrington, Mo.

18. BURIAL PLACE Hospital Cemetery DATE Dec. 28 1936

19. UNDERTAKER Cozean Funeral Home  
(ADDRESS) Farrington, Mo.

20. FILED Dec 26, 1936 T. J. Robinson  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 25 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-21 1936 to Dec 25 1936  
I last saw him alive on Dec 25 1936. Death is said to have occurred on the date stated above, at 7:45 p.m.

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

otitis media involving the left mastoid cells, resulting in meningitis with cerebral abscess

Date of onset Dec 1-36

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? clinical 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? .....  
If so, specify .....

(Signed) P. S. Tate M. D.  
(Address) St. Hosp. & Farrington Mo

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.

