

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.

FEB 17 1937

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

Do not use this space.

2041

## 1. PLACE OF DEATH

53 County Lawrence  
Township Ozark  
City Liberty Mo R 3 (No. 2)

Registration District No. 474Primary Registration District No. 5638

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Woodrow Kenneth Arnett(a) Residence, No. 5 Miles S.W. Ash Grove, Mo. Ward. \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 9 mos. 21 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 19157. AGE YEARS 22 MONTHS 9 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Lawrence Co13. NAME M. F. Arnett14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas15. MAIDEN NAME Alice Cameron16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrenceburg Mo17. INFORMANT (ADDRESS) Norma Arnett18. BURIAL, CREMATION, OR REMOVAL PLACE John's Chapel DATE January 27, 193719. UNDERTAKER (ADDRESS) Brim Federal Service Ash Grove, Missouri20. FILED Feb 10 1937 Mrs. Anna Elliker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 193722. I HEREBY CERTIFY That I attended deceased from Jan. 23, 1937, to Jan. 25, 1937I last saw him alive on Jan. 25, 1937. Death is saidto have occurred on the date stated above, at 1:50 P.m.

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

InfluenzaDate of onset 1/21/37Other contributory causes of importance mitral insufficiency (Chronic)Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? clinical 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) H. K. Cowen \_\_\_\_\_, M. D.(Address) Ash Grove Mo.

MEMORANDUM FOR THE DIRECTOR, FBI

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]