

MAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

10 County, Boone
Township, Columbia
City, Boone (No. 73)

Registration District No. 73
Primary Registration District No. 5112

File No. 5007
Registered No. 55
St. _____ Ward _____

2. FULL NAME

Robert B. Aremson
(a) Residence, No. Route 5 St. _____ Ward 1
(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 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 Ara Aremson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-30-1851

7. AGE YEARS 85 MONTHS 10 DAYS 16 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) Missouri13. NAME George Aremson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Melvina Tucker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Mrs. Robert B. Aremson
(ADDRESS) Route 5 - Columbia, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Feb 17 193719. UNDERTAKER Parker Furniture Co.
(ADDRESS) Columbia Mo.20. FILED 2/17/37 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16 193722. I HEREBY CERTIFY, That I attended deceased from 2/2/37 1937, to 2/11/37 1937I last saw him alive on 2/11/37 1937 Death is said to have occurred on the date stated above, at 9 m.

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

Paralysis Date of onsetCerebral Hemorrhage

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1937Where 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? YesIf so, specify Dr. Bradford M. D.(Signed) Charles H. H. H. (Address) _____MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORDU. S. NO. 1
100M-20-16
MAY 1 1934

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.

