

MAR 18 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

33 County Deer
 Township Gladden
 City _____ (No. _____ St. _____ Ward _____)

Registration District No. 997
 Primary Registration District No. 6238

File No. 5704
 Registered No. 2

2. FULL NAME

Bessie Irene Arnett
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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>F</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 16, 1937</u> | | |
| 7. AGE | YEARS | MONTHS |
| | | DAYS |
| | | IF LESS than 1 day, _____ hrs. or _____ min. |

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u> |
| | 10. Date deceased last worked at this occupation (month and year) <u>-</u> |
| | 11. Total time (years) spent in this occupation <u>-</u> |

12. BIRTHPLACE (CITY OR TOWN) Gladden, Mo.
 (STATE OR COUNTRY)

13. NAME Henry Arnett
 14. BIRTHPLACE (CITY OR TOWN) Madison County Missouri
 (STATE OR COUNTRY)

15. MAIDEN NAME Mari Hagen
 16. BIRTHPLACE (CITY OR TOWN) Oklahoma
 (STATE OR COUNTRY)

17. INFORMANT Henry Arnett
 (ADDRESS) Gladden, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Gladden, Mo. DATE Jan 23, 1937

19. UNDERTAKER Orin Smith
 (ADDRESS) Gladden, Mo.

20. FILED Feb. 10 - 1937 Mrs. Patta Mays
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1937, to Jan 21, 1937
 I last saw him alive on Jan 21, 1937 Death is said to have occurred on the date stated above, at 6:30 P. m.
 The principal cause of death and related causes of importance were as follows:

Auto-intoxication of intestinal tract
 Date of onset -

Other contributory causes of importance: 11/18 jaundice (icterus)

Name of operation None Date of -
 What test confirmed diagnosis? Head Exam 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) Dr. J. L. Lillard, M. D.
 (Address) Gladden, Missouri

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.

