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.

MAR 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois — Registration District No. 773 — File No. 7925

Township St. Francois — Primary Registration District No. 6018A — Registered No. 42

Near City Farmington, Mo. (No. ....., ... St. ..... Ward)

2. FULL NAME Lula Arnold

(a) Residence, No. Ripley County, Missouri St., ... Ward. (If nonresident, give city or town and State)
(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: 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: Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 7, 1880

7. AGE: 30 — YEARS: 56 — MONTHS: 5 — DAYS: 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): Indiana

FATHER

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

MOTHER

15. MAIDEN NAME: not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

17. INFORMANT (ADDRESS): Hospital Records, Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Caroline Cemetery DATE: February 17, 1937

19. UNDERTAKER (ADDRESS): Gish Undertaker, Naylor, Mo.

20. FILED: Feb 17, 1937 — B. J. Robinson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 5, 1935, to February 15, 1937

I last saw her alive on February 15, 1937. Death is said to have occurred on the date stated above, at 5:20 A.M.

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

Chronic Myocarditis with hypertension (Terminal acute Cardiac failure — Sudden death) — Date of onset

Other contributory causes of importance: 93C

General Arteriosclerosis

Dementia Praecox — 20 yrs

Name of operation: none — Date of: no

What test confirmed diagnosis: Clinical Hole — 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? none (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) G. Tivis Graves, Jr., M. D., M. D.

(Address) State Hospital # 4, Farmington, Missouri