

25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Scott
Township Union
City Union (No. 1)

Registration District No. 821
Primary Registration District No. 4553

File No. 9046

Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 508 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12-1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
5 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Union Mo.

13. NAME Lewis Arnold
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belmont Mo.

15. MAIDEN NAME Eva Brynner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clatsop Ore.

17. INFORMANT (ADDRESS) Lewis Arnold

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Section DATE Feb. 9 1937

19. UNDERTAKER (ADDRESS) J. J. Welsh

20. FILED 3-4 1937 W. H. Ormrod Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1937
22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1937 to Feb 8 1937
I last saw him alive on Feb 7 1937 Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia
(Lobar)

Other contributory causes of importance: 108

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 _____ 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) E. J. Kiehl M. D.
(Address) Blount 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1-10-1919

3-1-1919

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