APR 8 1937

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

Do not use this space.

9788

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. St. Joseph Hosp. St. Ward)

2. FULL NAME Paul J. Arnold

(a) Residence, No. 3231 Prospect 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: M
4. COLOR OR RACE: WH.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: BERTHA M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DEC. 23 1886

7. AGE: YEARS 50 — MONTHS 3 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: REAL ESTATE & BANKERS
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: SEC'Y SAVINGS & LOAN
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 26 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): K. C. MO.

FATHER

13. NAME: JAMES H.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): LANCASTER KY.

MOTHER

15. MAIDEN NAME: MARY T. HOOD
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): RICHMOND KY

17. INFORMANT (ADDRESS): BERTHA M. ARNOLD 3231 PROSPECT

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. MORIAH DATE MAR 31, 1937

19. UNDERTAKER (ADDRESS): D. W. Newcomer's Sons K. C. Mo

20. FILED Mch 29, 1937 M. M. Groine Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1937, to Mar 28, 1937

I last saw him alive on 3-28 1937 Death is said to have occurred on the date stated above, at 7:33 P.M.

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

Coronary Thrombosis — Date of onset 3-26-37

94 B

Other contributory causes of importance:

Atherosclerosis of blood vessels — uncertain

Name of operation: Naver — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? yes

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) [signature], M. D.

(Address) Kansas City 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.

Argyle Bldg.