APR 15 1937

18

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 11293
Township — Primary Registration District No. 1001 — Registered No. 404
City St Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME George B McArthur
(a) Residence, No. St., Ward. Maryville Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 21 ds. 0 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alfretta Grace McArthur ~~unknown~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 21-1855

7. AGE: YEARS 81 — MONTHS 4 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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): ~~unknown~~ Ohio

FATHER
13. NAME: Andrew McArthur
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Mary McConnell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Rec State Hospital St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pickering Mo. DATE April 2, 1937

19. UNDERTAKER (ADDRESS): Price Funeral Home Maryville Mo

20. FILED 3/30, 1937 H J Westhoust Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-31, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1937, to 3-31, 1937
I last saw him alive on 3-31, 1937. Death is said to have occurred on the date stated above, at 12 15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	3/25/37
Other contributory causes of importance:	
Fractured Femur prior	3/10/37

186a

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan, 1937
Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Accidental Fracture
Nature of injury Femur

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W Clifton Smith, M. D.
(Address) State Hospital St Joseph Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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