

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

Do not use this space.

APR 22 1937

1. PLACE OF DEATH
 County Marion Registration District No. 547 File No. 12605
 Township Marion Primary Registration District No. 3019 Registered No. 107
 City Hannibal (No. St. Elizabeth's Hospital St. _____ Ward _____)

2. FULL NAME Robert Joseph Arnoldy
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 2

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal MO.

FATHER
 13. NAME James Leo Arnoldy
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roller CO MO.

MOTHER
 15. MAIDEN NAME Mildred Bagland
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Philip Arnoldy
Monroe City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holy Rosary Cem. DATE March 8 1937

19. UNDERTAKER (ADDRESS) Wilson & Son
Monroe City Mo.

20. FILED Apr 22 1937 H. O. Fisher
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 1937

22. HEREBY CERTIFY, That I attended deceased from March 3 1937, to March 7 1937
 I last saw him alive on March 7 1937. Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Propagatory failure (noted) Date of onset 3/10:37
Terminal Bleeding from nose & mouth.

Other contributory causes of importance:
Probable Birth Injury -
Birth primipara - 12 hrs labor.

Name of operation _____ Date of _____
 What test confirmed diagnosis? HO Was there an autopsy? NO.

23. If death was due to external cause (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. _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. C. Suttman, M. D.
 (Address) Hannibal MO.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

