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.

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

Do not use this space.

15241

MAY 15 1937

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 1787

Township Kaw — Primary Registration District No. 1002 — Registered No. 1787

City Kansas City (No. 1827 E. 47th Terrace 9 St. Ward)

2. FULL NAME Jacob Astor Arn

(a) Residence, No. R.R. #1 K.C. Mo. 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: Male
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: Ruby Ellen Arn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 2, 1897

7. AGE: YEARS 39 — MONTHS 5 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Dallas Mo.

FATHER

13. NAME: Edward C. Arn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arnheim Ohio

MOTHER

15. MAIDEN NAME: Mary Snyder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Laffette Indiana

17. INFORMANT (ADDRESS): Mrs. H.C. Van Noy 1827 E. 47th Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE April 16, 1937

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

20. FILED Apr 15, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 4 - 1937, to Apr 14 - 1937
I last saw him alive on Apr 14 - 1937. Death is said to have occurred on the date stated above, at 11:20 P.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Apr 4 1937

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Other contributory causes of importance:

Lues — [illegible]

Name of operation none 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? — 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) B. F. Bramard, M. D.
(Address) Martin City

Martin City

Sp. 3211

4:30 — 5:00