

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

Do not use this space.

MAY 28 1937

17065

1. PLACE OF DEATH

72 County New Madrid
Township South
City Northwestern

Registration District No. 604
Primary Registration District No. 5798

File No.
Registered No. 19
St. Ward)

2. FULL NAME

Elise Arnold
(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 F 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1937, to March 12, 1937

I last saw h. alive on March 10, 1937. Death is said to have occurred on the date stated above, at 5 a. m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 58

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>58</u>				

1. Heart Disease
2. Mitral insufficiency

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

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.....

Date of onset
7
7
7

Other contributory causes of importance:
Lobar Pneumonia of Rt. Lung
108
1-10-37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ark

13. NAME Tom Reed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

15. MAIDEN NAME Fanny Papadakis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ark

17. INFORMANT Robert Reed (ADDRESS) Portageville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville, Mo DATE 3-14-37

19. UNDERTAKER (ADDRESS) W. M. Payne Portageville, Mo

20. FILED 5/10 19 37 Wm. C. Payne Registrar.

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? no
If so, specify.....

(Signed) John Killian M. D.
(Address) Portageville, Mo.

N.B.—Every item of information should be carefully supplied. Age should be stated in years, months and days. I.V.I.C. should be stated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

