

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

Do not use this space.

JUN 29 1937

1. PLACE OF DEATH

County St. Louis Registration District No. 1160 File No. 21402
 Township _____ Primary Registration District No. 4470 Registered No. 55
 City University City (No. Christian Old Peoples Home St. _____ Ward _____)

2. FULL NAME Edward Dotyns Arratt

(a) Residence, No. Tablets Mo, St., _____ Ward: _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-22-1849

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day,hrs. ormin.
88 3 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 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) Herman Missouri

13. NAME James Arratt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pa.

15. MAIDEN NAME Nancy Brann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester Missouri

17. INFORMANT H. A. Spadnick (ADDRESS) 17 E. Lockwood Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Haven DATE 5/30/37

19. UNDERTAKER Fertig and Co. (ADDRESS) New Haven Mo

20. FILED May 28, 1937 Lena Moeller (D) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-27-1937

22. I HEREBY CERTIFY, That I attended deceased from May 21st 1937, to May 27 1937
 I last saw him alive on May 27 1937 Death is said to have occurred on the date stated above, at 9:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Ac. Pyelonephritis Date of onset 5/19/37
Carcinoma Mouth - (Buccal) 1936
Basal Cell
 Other contributory causes of importance: KS
Generalized Uterine sclerosis ?

Name of operation None Date of _____
 What test confirmed diagnosis? Microscopic 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? No.
 If so, specify _____
 (Signed) H. A. Spadnick, M. D.
 (Address) 17 E. Lockwood

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.

