

OCT 19 1937

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

Do not use this space.

33140

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. 517 Elmwood)

Registration District No. 399

Primary Registration District No. 1002

File No. 353
Registered No. _____
St. _____ Ward _____

2. FULL NAME

August Ralph Arland
(a) Residence, No. 7512 Elmwood St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 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 Frances J. Arland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-11-1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
	<u>84</u>	<u>5</u>	<u>19</u>	

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. Electrician
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Paris (STATE OR COUNTRY) France

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) _____

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Arthur P. Stahl (ADDRESS) 511 Cypress

18. BURIAL, CREMATION, OR REMOVAL PLACE Laurel Hill, Kansas DATE 9-2-37

19. UNDERTAKER W. H. Johnson (ADDRESS) Kansas City, Kansas

20. FILED 9-1 1937 M. M. Crowl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-30 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1937, to Aug 30, 1937. I last saw him alive on Aug 30, 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Arteriosclerosis

Date of onset _____

Other contributory causes of importance: 97

Name of operation _____ Date of _____
What test confirmed diagnosis? Chincol 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) Archie N. Johnson, M. D.
(Address) 836 Argyle Bldg.
Kansas City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

