

OCT 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County BooneRegistration District No. 73File No. 33629Township ColumbiaPrimary Registration District No. 3006Registered No. 224City Columbia(No. 1209 University Ave)St. Columbia Ward 1

2. FULL NAME

(a) Residence, No. Lizzie Robnett Arnold

(Usual place of abode)

1209 University St.

Ward.

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

Female

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

Matthew Reid Arnold

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

3-30-1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

74519

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

at home

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)

Boone County Missouri

13. NAME

Noah Hunt Robnett

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

Kentucky

15. MAIDEN NAME

Anna BAKER

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

Callaway County Missouri

17. INFORMANT (ADDRESS)

Mrs. Thos. Beckman Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Harris Cemetery DATE Sept. 22, 1937

19. UNDERTAKER (ADDRESS)

Parker Furniture Co. Columbia, Mo.

20. FILED

9/22/37 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

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

9-19-193722. I HEREBY CERTIFY, That I attended deceased on 9-19-1937, toI last saw him alive on 9-19-1937 Death is saidto have occurred on the date stated above, at 12:30 P.M.

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

Urging Proton Date of onset 9-19-372nd Attack3 yrs. 940

Other contributory causes of importance:

Pulmonary Edema 8-19-37

Name of operation

no

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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

Home

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. D. Sympson M. D.(Address) Columbia, Mo.

