

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

Do not use this space.

DEC 14 1937

CERTIFICATE OF DEATH

1. PLACE OF DEATH - *Missouri Methodist Hospital*
 County *Cookman* Registration District No. *35* File No. *40684*
 Township _____ Primary Registration District No. *1001* Registered No. *1239*
 City *St Joseph, Mo* (No. *MO, METHO. HOSPITAL*) St. _____ Ward _____

2. FULL NAME *J. M. Arnold*
 (a) Residence, No. *Gowers, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mrs J. M. Arnold</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>August 18, 1868</i>		
7. AGE YEARS <i>69</i>	MONTHS <i>2</i>	DAYS <i>20</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>farmer</i>		
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) <i>Missouri</i>		
13. NAME <i>Joseph Arnold</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ill.</i>		
15. MAIDEN NAME <i>Emmaline Carter</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ill.</i>		
17. INFORMANT <i>William Arnold</i> (ADDRESS) <i>Gowers, Mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Allen Cemetery</i> DATE <i>Nov 9 1937</i>		
19. UNDERTAKER <i>H. A. Sullivan</i> (ADDRESS) <i>Gowers, Mo.</i>		
20. FILED <i>11/8 37</i> <i>H. J. Shuttleworth</i> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *November 8, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 10*, 1937, to *Nov 8*, 1937

I last saw him alive on *Nov 8*, 1937. Death is said to have occurred on the date stated above, at *12:30 Am.*

The principal cause of death and related causes of importance were as follows:
Chronic Pyelonephritis
Prostatic Hypertrophy
uraemia

Date of onset _____

Other contributory causes of importance: *137*

Name of operator *Prostatic Resector* Date of *Nov 5-9-37*

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? *NO*
 If so, specify _____
 (Signed) *J. J. Bausch*, M. D.
 (Address) *St Joseph Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

