

DEC 2 MAY 6 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH13964
Do not use this space.

1. PLACE OF DEATH

(a) County Bates
(b) Township Elkhart
(c) CityRegistration District No. 49
Primary Registration District No. 5077

Registered No.

(d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. David Leslie Arbogast 612
(Usual place of abode, if no street address, write county or city) St. ☐ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-6-19297. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 4 24OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as 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) Butler Mo.FATHER 13. NAME Robert Rowland Arbogast
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Foster Mo.MOTHER 15. MAIDEN NAME Mary Feris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adrian Mo.17. INFORMANT (ADDRESS) Rowland Arbogast18. BURIAL, CREMATION, OR REMOVAL PLACE Green Hill DATE May 193819. FUNERAL DIRECTOR (ADDRESS) Green and Son
Adrian Mo.20. FILED May 3 1938 Grace L. Smith Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 193822. I HEREBY CERTIFY, That I attended deceased from April 21 1938, to April 29 1938I last saw him alive on April 29 1938. Death is said to have occurred on the date stated above, at 3:40 A.M.

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

Pertussis complicating
Interstitial Pneumonia

Date of onset

Other contributory causes of importance: 9-Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where 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 injury24. Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) E. E. Robinson M. D.
Adrian Mo. (Address)

STATEMENT BY LICENSED EMBALMER

I, Leif Sir, Licensed Embalmer No. 3650
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Leif Sir and
L. E. Fred J. Leath Licensed Embalmer # 3343
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Leif Sir
Licensed Embalmer No. 3650

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)