

REC'D MAY 17 1938

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. 71Township CedarPrimary Registration District No. 5710A

City _____

(No. _____)

St. _____ Ward _____

2. FULL NAME Henry Elmer Arnold(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(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 Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Lucy Arnold6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 1878

7. AGE

YEARS 59MONTHS 5DAYS 10IF LESS than 1
day, ...hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

MOTHER

13. NAME Thomas Arnold14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Indiana15. MAIDEN NAME Mary Arnold16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Indiana17. INFORMANT Whit Arnold
(ADDRESS) Hartsburg Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Boone Chapel DATE April 9 193819. UNDERTAKER Ashtland Undert. Co.
(ADDRESS) Ashtland Mo.20. FILED May 12 1938 Frances Nichols
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1938

22. I HEREBY CERTIFY, That I attended deceased from

April 1 1938, to April 6 1938I last saw him alive on April 6 1938. Death is saidto have occurred on the date stated above, at 2:15 pm.

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

Date of onset

Influenza
11/12

Other contributory causes of importance:

Name of operation _____ Date of _____

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) H. S. Geyer, M. D.(Address) Ashtland Mo.

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C.

RECEIVED 11-13-41

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TO THE DIRECTOR, BUREAU OF LAND MANAGEMENT
FROM THE CHIEF, BUREAU OF LAND MANAGEMENT
SUBJECT: [Illegible]

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