

REC'D MAY 17 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15502

1. PLACE OF DEATH

County Pettis
Township _____
City SedaliaRegistration District No. 668
Primary Registration District No. 3032
(No. 1010 East 14th.File No. 128 127
Registered No. 668
St. _____ Ward _____2. FULL NAME John P. Arnest(a) Residence, No. 1010 East 14th. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mittie Arnest</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 27, 1868</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>3</u>	DAYS <u>18</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Church Janitor</u>
	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) Mo.13. NAME Joseph Arnest14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.15. MAIDEN NAME Sarah Connelly16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.17. INFORMANT Mrs. John P. Arnest
(ADDRESS) Sedalia, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE April 17, 193819. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.20. FILED 4-17- 19 38 John Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 19 3822. I HEREBY CERTIFY, That I attended deceased from March 10, 1938, to April 15, 1938.
I last saw him alive on April 10, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:Crown or chlorineDate of onset
April 15
1938

Other contributory causes of importance:

Arterio-sclerosisChronic arteriosclerosisCoronary & branch from chronic arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Chole 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 _____, 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) Chambers, M. D.(Address) Sedalia, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

