

REC'D MAY 25 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

 Dr. Murrell
 Do not use this space.

1. PLACE OF DEATH

 County Wright
 Township Brown
 City Hartsville (No. 1)
Registration District No. 906Primary Registration District No. 6224File No. 16156Registered No. 4

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)Length of residence in city or town where death occurred 7 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFNora Arnall

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

Nov 15, 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.75322

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Blacksmith9. 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)Mo

13. NAME

A. J. Arnall14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Va

15. MAIDEN NAME

Mrs Davis16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown17. INFORMANT
(ADDRESS)W. F. Arnall
Parson, Kan

18. BURIAL, CREMATION, OR REMOVAL

PLACE Manassas Can DATE May 10, 193819. UNDERTAKER
(ADDRESS)Gene E. Halden
Hartsville Mo

20. TIME

April 11, 1938
Carlton ELLIS
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 26th 1938, to Nov 9th 1938I last saw him alive on Nov 7th 1938 Death is saidto have occurred on the date stated above, at 3:45 a.m.

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

Chronic Interstitial
Nephritic Kidney

Date of onset

Other contributory causes of importance:

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Uremia

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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?

If so, specify

(Signed)

(Address)

Dr. W. Murrell
Hartsville, Mo.

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 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.

APR 23 1948