

REC'D AUG 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24672

1. PLACE OF DEATH

County Bollinger
Township Loraine
City Leopold, Mo.

Registration District No. 66
Primary Registration District No. 3-102 B

File No. 2
Registered No. 8
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Josephine E. Arzen St. Leopold, Mo. Ward 652
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H. Arzen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5, 1867

7. AGE YEARS 71 MONTHS 6 DAYS 422 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME August Henniger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Caroline Henniger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Josephine Arzen

18. BURIAL, CREMATION, OR REMOVAL PLACE Leopold, Mo. DATE July 29, 1938

19. UNDERTAKER (ADDRESS) Baker Funeral Home

20. FILED 8-1, 19 38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1938

22. I HEREBY CERTIFY That I attended deceased from June 8, 1938 to July 27, 1938
Last saw him alive on July 26, 1938 Death is said to have occurred on the date stated above, at 10:30 AM.

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

Coronary and Renal Dropsy, Cardiac Mitralis and Pyelitis
Date of onset 45 B2

Other contributory causes of importance: High Blood Pressure

Name of operation No Operation Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy? _____

23. If death was due to external cause (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. M. Dinsley M. D.

(Address) Leopold, Mo.

Registrar Willie H. Dinsley

