

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.

REC'D AUG 24 1938

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

Do not use this space.

25059

1. PLACE OF DEATH

24 County Clay
Township Excelsior Springs
City Excelsior Springs

Registration District No. 198
Primary Registration District No. 3011

File No. _____
Registered No. 105 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Excelsior Hospital - St. _____ Ward _____

Sioux City Iowa
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Ethel Arnett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4 - 1884

7. AGE YEARS 54 MONTHS 4 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

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

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) June 1938 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kingman Kansas

13. NAME Jahue Arnett

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

15. MAIDEN NAME Elizabeth Morton

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

17. INFORMANT Ethel Arnett (ADDRESS) Sioux City Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Sioux City Ia DATE 7-30-38

19. UNDERTAKER (ADDRESS) Glaude P. Pritchard Excelsior Springs mo

20. FILED 7-30-1938 Joshua M. Braker Registrar. 180

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 7-24-1938 to 7-29-1938
I last saw him alive on 7-29-1938 Death is said to have occurred on the date stated above, at 7 P. m.

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

Uremic Poison
Interstitial Nephritis Ch.
Acute Heart Disease

Date of onset no not known

Other contributory causes of importance: no not known

Name of operation _____ Date of operation _____
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? no Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) H. J. Clark, M. D.
(Address) Excelsior Springs

