

DECEASED NOV 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Pepper Registration District No. 665
Towship Houstonia Primary Registration District No. 4398
City Houstonia (No.) St. Ward

File No. 36474
Registered No.

2. FULL NAME John Carson Arington

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 65 yrs. mos. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Arington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25-1872

7. AGE YEARS 85 MONTHS 9 DAYS 20 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Green Glass

10. Date deceased last worked at this occupation (month and year) Sept 1938 11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pikeston Ohio

13. NAME Carson Arington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont Know

15. MAIDEN NAME Mont Know

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

17. INFORMANT Mrs C. P. Handley (ADDRESS) Houstonia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Houstonia DATE Oct 14 1938

19. UNDERTAKER M. C. Westmark (ADDRESS) Houstonia Mo

20. FILED Oct 16 1938 Mrs. J. B. Wacey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1938, to Oct 15, 1938

I last saw him alive on Oct 15, 1938. Death is said to have occurred on the date stated above, at 4:40 p.m.

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

Apoplexy Date of onset 9/28/38

Other contributory causes of importance: Age

Name of operation X Date of

What test confirmed diagnosis? X Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury, 19.....

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify C. L. Park Church, M. D.

(Signed) C. L. Park Church, M. D.

(Address) Houstonia, 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.

RECEIVED
District Health Officer No. 8,
District File Number 11/3/39
Date Filed