

APR 11 1939

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

Do not use this space.

10980

1. PLACE OF DEATH  
 County Holt Registration District No. 371  
 Township Clay Primary Registration District No. 4217  
 City Maitland (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Edward L. Arterburn  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. (MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF) Mary Arterburn  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24-1855  
 7. AGE YEARS 83 MONTHS 9 DAYS 7 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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 life  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Butters Mill, Cal.  
 MOTHER FATHER  
 13. NAME Vernon Arterburn  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 15. MAIDEN NAME Harriet Shepherd  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 17. INFORMANT L. L. Arterburn  
 (ADDRESS) Maitland, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Graham I.O.O.F. DATE Mar. 15, 1939  
 19. UNDERTAKER Campbell Funeral Home  
 (ADDRESS) Maitland, Mo.  
 20. FILED Mar. 15, 1939 Vern H. Stout  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1939  
 22. I HEREBY CERTIFY That I attended deceased from Jan. 2, 1939, to Mar. 13, 1939  
 I last saw him alive on March 10, 1939. Death is said to have occurred on the date stated above, at 3 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Myocardial Degeneration - serial  
mass.  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance:  
Cerebral Hemorrhage 3 yrs ago.  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO  
 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? NO  
 If so, specify \_\_\_\_\_  
 (Signed) E. M. Findley, M. D.  
 (Address) Graham - Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

100-1-26-38 I X7044

RECEIVED

District Health Officer No. 113

District File Number 39-250

Date Filed 1/22/50