

NOV 24 1939

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

Do not use this space.

36444

1. PLACE OF DEATH

County Jefferson
Township Blackburn
City Chevely, Mo. (No. 654)

Registration District No. 421
Primary Registration District No. 5575

File No. 83
Registered No. 83
St. Mo. Ward

2. FULL NAME

(a) Residence, No. Chevely, Mo. St. Mo. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 3 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. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Ella Arnold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 7, 1861

7. AGE YEARS 78 MONTHS 2 DAYS 24 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Arkansas

13. NAME Roach N. Arnold

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

15. MAIDEN NAME Melissa Hood

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

17. INFORMANT (ADDRESS) Mrs. Robert Harrison

18. BURIAL, CREMATION, OR REMOVAL PLACE Kenatite, Mo. DATE Nov. 2, 1939

19. UNDERTAKER (ADDRESS) Century E. Polite

20. FILED 11/20/39 J. E. Butcher Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1939 to Oct 30, 1939

I last saw him alive on Oct 30, 1939 Death is said to have occurred on the date stated above, at 6:50 P.m.

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

Cerebral Apoplexy Date of onset

Other contributory causes of importance: Arteriosclerosis

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1939
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify None

(Signed) Ernest J. Smith M. D.
(Address) Springfield, 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.

382

