

FILED OCT 12 1940

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31590

Registration District No. 275

Primary Registration District No. 5170B

Registrar's No.

1. PLACE OF DEATH

- (a) County Cassidy
 (b) City or town Angling Township Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution
 In this community Several years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Willard ERNEST ARNOLD

3. (b) If veteran, name war World War 3. (c) Social Security No. 40

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife MARY ARNOLD 6. (c) Age of husband or wife if alive 97 years

7. Birth date of deceased January 14 1895
 (Month) (Day) (Year)

8. AGE 45 Years Months 7 Days 20 If less than one day hr. min

9. Birthplace Cassidy Co. Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farmer

12. Name John Arnold

13. Birthplace Cassidy Co. Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Jane Hillman

15. Birthplace Cassidy Co. Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marg Arnold

- (b) Address Stoutland Mo

17. (a) High Point Cem. (b) Date thereof Sept 5 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation High Point Cem.

18. (a) Signature of funeral director Wm. J. Moore

- (b) Address Stoutland Mo

19. (a) Sept 5 1940 (b) Wm. J. Moore
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED

- (a) State Mo (b) County Cassidy
 (c) City or town Angling Township Rural
 (If outside city or town limits, write "RURAL")

- (d) Street No. 0

- (e) If foreign born, how long in U. S. A. Over 1 year

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 4, day 4, year 1940 hour 14, minute 0

21. I hereby certify that I attended the deceased from Sept 4 to Sept 4, 1940.

- that I last saw him alive on Sept 4, 1940.

- and that death occurred on the date and hour stated above.

- Immediate cause of death accidental

- discharge of shot given

- slightly behind the

- Due to the fresh killing

- him instantly

- Due to

- Other conditions (Include pregnancy within 3 months of death)

- Major findings: Of operations

- Of autopsy

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) accident

- (b) Date of occurrence Sept 4 1940

- (c) Where did injury occur? Angling Twp Cassidy Co. Mo
 (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on his property

- (Specify type of place)

- While at work yes Means of injury gun shot

23. Signature Wm. J. Moore (M. D. or other)
 Address Stoutland Mo Date signed 9-5-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

- (a) County.....
(b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:.....
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

8. (a) PRINT FULL NAME

8. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... 5. Color or race..... 6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
..... hr. min.

9. Birthplace.....
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

- MOTHER FATHER { 12. Name.....
13. Birthplace.....
(City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature.....
(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof.....
(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
(b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED

- (a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... year

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day.....
year..... hour..... minute.....

21. I hereby certify that I attended the deceased from.....
....., 19....., to.....

that I last saw him alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place.....

(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... (M. D. or other).....
Address..... Date signed.....

Dura

119

119

119

PHYS

Under the cause which should be charged statistically.