

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

Do not use this space.

13034

## 1. PLACE OF DEATH

County ClintonRegistration District No. 347

File No. ....

Township ClintonPrimary Registration District No. 3018Registered No. 50City Clinton (No. ....) St. .... Ward)

## 2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

Jose H Arbuckle6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 11 18747. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min. 53 6 4

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rushville, Ill (STATE OR COUNTRY)10. NAME OF FATHER Geo Leisure11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana12. MAIDEN NAME OF MOTHER Elizabeth Cross13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Rushville, Ill14. INFORMANT Jose H Arbuckle (Address) Clinton mo.15. Apr 17 28 File No. Dr. E. C. Peebler REGISTRAR by J. S.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 15 192817. I HEREBY CERTIFY, That I attended deceased from Apr 7 1928, to Apr 15 1928 that I last saw h. or alive on Apr 13 1928, and that death occurred, on the date stated above, at 9:30 a. m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Failure of both kidneys and of heart.CONTRIBUTORY (SECONDARY) 131 W (duration) 17 yrs. 3 mos. 5 ds.18. WHERE WAS DISEASE CONTRACTED Indiana IF NOT AT PLACE OF DEATH.DID AN OPERATION PRECEDE DEATH? no DATE OF.....WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? none(Signed) E. C. Peebler M. D., 19 (Address) Clinton mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood Cemetery DATE OF BURIAL 4/17 192820. UNDERTAKER S. Rose & son ADDRESS Clinton 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.

