

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

Do not use this space.

13042

1. PLACE OF DEATH

County Henry
Township Deepwater
City Deepwater

Registration District No. 351
Primary Registration District No. 4208

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME

H. J. Arnold

(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/2 1928

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

I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____ that I last saw him alive on April 2, 1928, and that death occurred, on the date stated above, at 6 A. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-6-1860

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 | 1 | 14 | _____

General Subeentoxia

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farming (b) General nature of industry, business, or establishment in which employed (or employer) Gen farming (c) Name of employer _____

CONTRIBUTORY (SECONDARY) 5713

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: _____

10. NAME OF FATHER Joe Arnold

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo (STATE OR COUNTRY)

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Sarah J. Hummel

WHAT TEST CONFIRMED DIAGNOSIS (Signed) R. J. Russell M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo (STATE OR COUNTRY)

(Address) Deepwater Mo

14. INFORMANT Mr. H. J. Arnold (Address)

*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.

15. FILED 413 28 1928 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wm Hummel Cem DATE OF BURIAL Apr 3 1928

20. UNDERTAKER Tom Hunt ADDRESS 1011 Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Henry Registration District No. 35-1 File No. _____
 Township _____ Primary Registration District No. 4208 Registered No. 8
 City Deerwater (No. _____) St. _____ Ward _____

2. FULL NAME

H. J. Arnold

(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-2 1928

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

17. I HEREBY CERTIFY That I attended deceased from _____, 19____ to _____, 19____ that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____ (duration) _____ yrs. _____ mos. _____ ds.

(b) General nature of industry, business, or establishment in which employed (or employer) _____ CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) _____, M. D.

, 19 (Address)

*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.

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

14. INFORMANT _____ (Address) _____

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____

DATE OF BURIAL _____

19

15. 473 FILED _____ 1928

20. UNDERTAKER _____

ADDRESS _____

REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. (Fact statement of OCCUPATION is very important.)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-13062