

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

Do not use this space.

8476

MAR 25 1930

1. PLACE OF DEATH

County Henry Registration District No. 347 File No. _____
 Township Shells Creek Primary Registration District No. 5490 Registered No. 2
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Arthur Clinton Loudermilk

(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 M 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 Mable Loudermilk

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 13 - 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 4 21

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

9. BIRTHPLACE (CITY OR TOWN) Henry Co
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wiley Loudermilk

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

12. MAIDEN NAME OF MOTHER Marena, Oregon

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

14. INFORMANT Mrs. Mable Loudermilk
 (Address) Clinton - Mo

15. FILED 3/5, 1930 Dr. E. C. Peeler
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1930, to Mar 4, 1930, that I last saw him alive on Mar 4, 1930, and that death occurred, on the date stated above, at 3 1/4 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Middle ear trouble
caused Meningitis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) None
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH at home

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Samuel T. Poague, M. D.

3/5, 1930 (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 Clinton, Mo DATE OF BURIAL 3/6 1930

20. UNDERTAKER Spore Boy 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.

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

