

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

Do not use this space.

524

**PLACE OF DEATH**

County Cedar  
Township  
City El Dorado Spgs (No. ....)

Registration District No. 163  
Primary Registration District No. 4095

File No. ....  
Registered No. 51  
St. .... Ward)

**2. FULL NAME**

Jefferson Davis 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**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rizzio Arnold</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 29 - 1861</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>3</u>	DAYS <u>29</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>—</u> (c) Name of employer		

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

PARENTS	10. NAME OF FATHER <u>Isaac Arnold</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	12. MAIDEN NAME OF MOTHER <u>Sarah J. Dunning</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>

14. INFORMANT J. H. Dunning  
(Address) Deepwater Mo.

15. FILED 1-28-1931 J. H. Dawson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-28-1931  
17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1931, to Jan 28, 1931, that I last saw him alive on Jan 28, 1931, and that death occurred, on the date stated above, at 2:30 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
myocardial Degeneration  
1931 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 1931 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
1-25-31 (Signed) J. H. Dawson, M. D.  
(Address) El Dorado Spgs 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 Dunning Cem Deepwater Mo DATE OF BURIAL 1-30-1931

20. UNDERTAKER Dunning & Hurst ADDRESS Deepwater Mo

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

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.

18 1931

