

31095-1

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

Do not use this space.

31095-1

1. PLACE OF DEATH

County Henry  
Township Baris  
City Ladysburg Mo (No. ...., St. .... Ward)

Registration District No. 355  
Primary Registration District No. 5497

File No. ....  
Registered No. 13

2. FULL NAME

Issac Lewis 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 2 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo

13. NAME Gas B Arnold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster Ky

15. MAIDEN NAME Nancy E Hutchison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crest Orchard Ky

17. INFORMANT (ADDRESS) Mrs Mattie Adkins Ladysburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Mo DATE Sep 28 1931

19. UNDERTAKER (ADDRESS) Shore Bros Clinton Mo

20. FILED 9-28-31 W E Baggerly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1930 to Sept 26 1931  
I last saw him alive on Sept 26 1931. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset 1920

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) S. B. Hughes, M. D.  
(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.

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