

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

Do not use this space.

1. PLACE OF DEATH  
 42 County Henry Registration District No. 352  
 6 Township Montrose Primary Registration District No. 4209  
 3 City Montrose (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Thomas E. Arnaed  
 (a) Residence, No. Montrose MO St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 19539  
 Registered No. 14

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Millie R. Arnaed  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1868  
 7. AGE YEARS 65 MONTHS 4 DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired RR Mail  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO  
 MOTHER FATHER 13. NAME John Arnaed  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark  
 15. MAIDEN NAME Virginia Corsey  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark  
 17. INFORMANT Mrs. Millie Arnaed  
 (ADDRESS) \_\_\_\_\_  
 18. BURIAL, CREMATION, OR REMOVAL Buried  
 PLACE Montrose DATE July 2, 1933  
 19. UNDERTAKER L. W. Smith  
 (ADDRESS) \_\_\_\_\_  
 20. FILED July 6, 1933 J. M. Miller  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1933  
 22. I HEREBY CERTIFY That I attended deceased from June 28, 1933 to June 29, 1933  
 last saw him alive on June 28, 1933. Death is said to have occurred on the date stated above, at 11:00 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Ulcer of Stomach Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933  
 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 none  
 If so, specify \_\_\_\_\_  
 (Signed) J. M. Miller, M. D.  
 (Address) Montrose 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.

JUL 22 1933

