

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

Do not use this space.

**MAY 20 1937**

**1. PLACE OF DEATH**

County Henry  
 Township Osage  
 City Brownington

Registration District No. 348  
 Primary Registration District No. 4206

File No. 16473  
 Registered No. 274  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Robert Arthur 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 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 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 Nammi Arnold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-24-1899

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>57</u>	<u>9</u>	<u>12</u>	

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

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) Dec. 30 11. Total time (years) spent in this occupation 35 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashland Mo.

13. NAME Robert Arnold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashland Mo.

15. MAIDEN NAME Mary Riebel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Nammi Arnold, Brownington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brownington DATE 5-7 1937

19. UNDERTAKER (ADDRESS) Wickliffson Funeral Home, Canton, Mo.

20. FILED May 7, 1937 C. D. Taylor, M.D. Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-6 1937

22. I HEREBY CERTIFY That I attended deceased from March 23 1937, to May 6 1937

I last saw him alive on May 6 1937. Death is said

to have occurred on the date stated above, at 9:30 A.M.

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

Carcinoma of the Bladder

Date of onset Unknown

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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? If so, specify \_\_\_\_\_

(Signed) C. D. Taylor, M.D., M. D. (Address) Brownington, 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.

SEP 1 1946

JUL 2 1946