

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

Do not use this space.

20518

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Isabel Primary Registration District No. 3019
 City Independence Mo. (No. Independence Sanitarium) St. _____ Ward _____

File No. _____
 Registered No. 228
 _____ St. _____ Ward _____

2. FULL NAME Josie Arndt

(a) Residence. No. 1916 Ralston St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 3 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 William T. Arndt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 5th 1882

7. AGE. YEARS 45 MONTHS 9 DAYS 12 IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED housewife

(a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Greenwood
 (STATE OR COUNTRY) S. Carolina

10. NAME OF FATHER John Smith

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT William T. Arndt
 (Address) 1916 Ralston ave

15. FILE NO. 1918-1-28 REGISTRAR T. L. COOK

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17-1928

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1928 to June 17, 1928, 19.28. that I last saw him alive on June 17, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 930
Myocarditis
Hypertension 1020
Nephritis

CONTRIBUTORY (SECONDARY) 900

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) W. H. Munn, M. D.

June 18, 1928 (Address) Farmington 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 Mt. Washington DATE OF BURIAL June 19, 1928

20. UNDERTAKER Mo @ L Forster ADDRESS 918 Brook

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.

Waverly

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