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

Do not use this space.

32785

1. PLACE OF DEATH

County: Vernon — Registration District No.: 875 — File No.:

Township: — Primary Registration District No.: 6169 — Registered No.: 282

City: (No. St. Ward)

2. FULL NAME Deletha Arnold.

(a) Residence. No. 54 Hosp #3 St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ?

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	X	X	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

262 (b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

31

PARENTS

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Hosp. record
(Address) Nevada Mo

15. FILED 11-8-1929 E. R. King. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1928, to Sept 17, 1929, that I last saw h. alive on Sept 17, 1929, and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Lobar pneumonia

93L

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) F. L. Martin, M. D.

9-17-, 1929 (Address) Nevada 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 State Hosp #3 Nevada Mo — DATE OF BURIAL 9-20 1929

20. UNDERTAKER A. Hays — ADDRESS Nevada Mo.