

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

Do not use this space.

21709

**1. PLACE OF DEATH**

103 County Stoddard Registration District No. 840  
Township Snake Creek Primary Registration District No. 6102  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Belmore Arthis  
(a) Residence, No. P.O. Box 101 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Arthis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 14 1853</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>0</u>
	DAYS <u>20</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Snake Creek Mo</u>		
FATHER	13. NAME <u>Clark Arthis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Snake Creek Mo</u>	
	15. MAIDEN NAME <u>Doris Ruman</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Doris Ruman Mo</u>	
	17. INFORMANT (ADDRESS) <u>Erna B. Binnell P.O. Box 101</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mounts Aker June 1932</u>		
19. UNDERTAKER (ADDRESS) <u>7th St. - White</u>		
20. FILED <u>June 5 1932</u> <u>G. L. Hope</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1932

22. I HEREBY CERTIFY, That I attended deceased from May 25 1932 to June 4 1932  
I last saw him alive on June 4 1932 Death is said to have occurred on the date stated above, at 5:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Bulb. Paratyph. Date of onset \_\_\_\_\_  
81A 81  
Other contributory causes of importance: \_\_\_\_\_

Name of operation ✓ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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? Yes  
If so, specify \_\_\_\_\_  
(Signed) E. A. Elmore, M. D.  
(Address) P.O. Box 101

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.

MM 27 1932

79-5-114