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

Do not use this space.

30033

1. PLACE OF DEATH
County Phelps — Registration District No. 676
Township Liberty — Primary Registration District No. 5900
City ~~near Vessie~~ (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Roy Benjamin Arthur
(a) Residence. No. Vessie 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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
12	October	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: school boy
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rolla Mo
(STATE OR COUNTRY) Phelps

PARENTS

10. NAME OF FATHER William Chester Arthur
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rolla
(STATE OR COUNTRY) Phelps Co Mo
12. MAIDEN NAME OF MOTHER Susie Gobel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rolla
(STATE OR COUNTRY) Phelps Co Mo

14. INFORMANT Wm. C. Arthur
(Address) Vessie, Mo

15. FILED ....., 19.....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-3 1932

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidently shot himself while hunting near his home near Vessie Mo Phelps Co (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 184 (duration) ..... yrs. ..... mos. ..... ds. 173

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 5

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) A M Light Coroner, M.D.
, 19 (Address) Rolla 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: Corn Creek Grove yard
DATE OF BURIAL: 9-4 1932

20. UNDERTAKER: J. R. Henson
ADDRESS: Newburg

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 26 1932

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Phelps — Registration District No.: 676 — File No.:
Township: Liberty — Primary Registration District No.: 3908 — Registered No.:
City: (No. , St. Ward)

2. FULL NAME: Roy Benjiman Arthur
(a) Residence, No. Jerome 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): S.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 25 - 1920
7. AGE: Years 12 — Months 0 — Days — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School boy
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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rolla Mo Phelps Co

FATHER
13. NAME: William Chester Arthur
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rolla Mo Phelps

MOTHER
15. MAIDEN NAME: Susie Isbel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rolla Mo Phelps Co

17. INFORMANT: Wm C. Arthur
(ADDRESS): Verna Mo
18. BURIAL, CREMATION, OR REMOVAL: Corn Creek Grove yard PLACE — DATE 9-4 1932
19. UNDERTAKER: J. R. Huson
(ADDRESS): Newburg Mo
20. FILED: Oct 14 1932 — B. Turner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 3 - 1932
22. I HEREBY CERTIFY, That I attended deceased from 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidentally shot himself while hunting near his home - near Jerome Mo. Phelps Co	

Other contributory causes of importance:

Name of operation: 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 , 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) A. M. Light Coroner, M. D.
(Address) Rolla Mo.

SUPPLEMENTARY

REQUIRED BY LAW. ARE COMPLETE AS PRESCRIBED BY LAW. ated EXACTLY. PHYS' tement of OCCUPATIO ate nt. AS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THE item of information should be carefully supplied. AGE shou DEATH in plain terms, so that it may be properly classified. WRITE PLAINLY WITH COPYING INK—THIS IS A PERMANENT RECORD