

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 35
 Township _____ Primary Registration District No. 1001
 City St. Joseph, (No. 2100 St., Joseph Avenue, St. _____ Ward)

File No. _____
 Registered No. 14

201

2. FULL NAME Paul E. Arthur,

(a) Residence No. _____ St. _____ Ward. savannah, MO.
 (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) Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 27-1856

7. AGE YEARS 77 MONTHS 9 DAYS 6 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber

10. Date deceased last worked at this occupation (month and year) Jan 1916 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris France

MOTHER FATHER 13. NAME John Arthur

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown France

MOTHER FATHER 15. MAIDEN NAME Mary Jean Beaupre

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown France

17. INFORMANT (ADDRESS) Miss Charles B. Beaghton Savannah, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah, MO DATE Jan 6, 1937

19. UNDERTAKER (ADDRESS) Wheaton, Beagle & Brown 319 210 Funeral Home

20. FILED 1-4- 1937 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 4, 1937, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 5 P.M.

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

Fractured Skull (Accident)
Auto accident struck him & knocked him in front of intersection
pedestrian

Other contributory causes of importance: none

Name of operation none Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 1/3, 1937

Where did injury occur? St. Joseph, MO

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Auto accident struck him in front of intersection

Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Jornash Thomas Coroner

(Address) 802 1/2 1st St

CAUSE OF DEATH in plain terms, as far as may be properly classified. Exact statement of OCCUPATION is very important, 1937

M. D.

100-100000

100-100000

100-100000

100-100000

100-100000

Buchanan

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Paul E. Arthur
Who died at _____ on Jan 3 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex m Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 27 Months 9 Days 6

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____ 200

Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____

Principal cause of death: Fractured skull - auto struck him. knocked him in front of intersection Palestine
Auto struck him & knocked him in front of

Other contributory causes of importance intersection
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident 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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
Signature of Registrar John R. Bender

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 85 Very truly yours,
E. T. McLaugh M.D.
Special Agent. sc

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