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

MAR 9 1935

Do not use this space.

4260

File No.

Registered No. 27

1. PLACE OF DEATH

County Audrain — Registration District No. 26

Township [redacted] — Primary Registration District No. 3002

City Mexico Mo (No. 109 E. Whitley St. Ward)

2. FULL NAME Arthur Dean

(a) Residence, No. 109 E. Whitley 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21, 1935

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 3 hrs. or min.

OCCUPATION

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.

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) Mexico Mo.

FATHER

13. NAME Herman Dean

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville Mo.

MOTHER

15. MAIDEN NAME Mary Ann Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wellsville Mo.

17. INFORMANT Herman Dean
(ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wellsville Mo. DATE Feb. 23, 1935

19. UNDERTAKER Chas. Arnold Jr. Chas Arnold Jr.
(ADDRESS) 114 E. Jackson Mexico Mo

20. FILED Feb 21, 1935 Blanche Neel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-21-, 1935, to 2-21-, 1935

I last saw h. alive on 2-21-, 1935. Death is said to have occurred on the date stated above, at 12 m.

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

Date of onset

Premature birth 7 Mo

Other contributory causes of importance:

159

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) Grant Holley, M. D.

(Address) Mexico, Mo.

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.

100M-11-24-33