

AUG 14 1935

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

Do not use this space.

22605

## 1. PLACE OF DEATH

County Dunklin  
Township Union  
City (No. ....) St. .... Ward)

Registration District No. 282  
Primary Registration District No. 5401

File No. ....  
Registered No. 31

## 2. FULL NAME

Lorruzie Maxine Arnold  
(a) Residence, No. .... 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>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the words) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jas. H. Arnold</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 15 - 1915</u>		
7. AGE YEARS <u>19</u>	MONTHS <u>9</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>H. wife</u>		11. Total time (years) spent in this occupation <u>1935</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Thomas C. Ward</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Sallie Harrold Stone</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Husband</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Graves Hill Mo</u> DATE <u>7/10</u> 19 <u>35</u>		
19. UNDERTAKER <u>Landers Funeral Home</u> (ADDRESS) <u>Campbell Mo</u>		
20. FILED <u>7/10</u> 19 <u>35</u> <u>E. W. Anderson</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1935  
22. I HEREBY CERTIFY, That I attended deceased from June 30 1935 to July 9 1935  
I last saw her alive on July 9 1935. Death is said to have occurred on the date stated above, at 4:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Purpural Sepsis Date of onset July 2

Other contributory causes of importance:

Name of operation NO Date of NO  
What test confirmed diagnosis? NO Was there an autopsy? NO

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? NO  
If so, specify .....  
(Signed) M. L. Cone M. D.  
(Address) Campbell Mo

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.

