FEB 18 1933

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

Do not use this space.

342

1. PLACE OF DEATH

County Buchanan — Registration District No. 86

Township Washington — Primary Registration District No. 5127

City 1 Mile South of St. Joseph Mo. Highway #71. St. Ward)

File No.

Registered No. 10

2. FULL NAME Reuben B.F. Arnold

(a) Residence, No. 1 Mile So. St. Joseph Highway #71 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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: Susan A. Arnold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 13 1843

7. AGE: YEARS 92 — MONTHS 2 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant General Store

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

10. Date deceased last worked at this occupation (month and year) 1916

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arnoldsville Mo. Missouri

FATHER

13. NAME Eli Arnold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio

MOTHER

15. MAIDEN NAME Sally Chesround

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Pennsylvania

17. INFORMANT (ADDRESS): Mrs. Ivy Childs St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL: Faucett Cemetery

PLACE Faucett Mo. DATE January 30 1936

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden 1802 Union Str. St. Joseph Mo.

20. FILED Jan 29 1936 J. J. Bonsbach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 28 1936

22. I HEREBY CERTIFY, That I attended deceased from January 24, 1936, to Jan 28, 1936

I last saw him alive on Jan 28, 1936. Death is said to have occurred on the date stated above, at 2:15 P.M.

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

	Date of onset
Arterio Sclerosis	

Other contributory causes of importance: Chronic Myocarditis

Name of operation none Date of

What test confirmed diagnosis? Clinical 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?

If so, specify

(Signed) B. W. Todlock M. D., M. D.

(Address) King Hill Bldg.

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