

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

Do not use this space.

OCT 23 1936

35114

1. PLACE OF DEATH

County Madaway Registration District No. 625
Township _____ Primary Registration District No. 3031
City Marionville (No. St. Francis Hospital)

File No. _____
Registered No. 122107
St. _____ Ward _____

2. FULL NAME Laqueta 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-28-1935
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
1 11 11

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) Parnell Mo.

MOTHER 13. NAME Ula Arnold

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

15. MAIDEN NAME Jala Rauch

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

17. INFORMANT Ula Arnold

18. BURIAL, CREMATION, OR REMOVAL PLACE Parnell DATE Sept 11 1936

19. UNDERTAKER A. J. Roof and Co. - St. Louis

20. FILED 9-10-36 Marie E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1936

I HEREBY CERTIFY That I attended deceased from Sept 9 3 A.M. 1936 to Sept 9 6:50 p.m. 1936
I last saw her alive on Sept 9 1936 Death is said to have occurred on the date stated above, at 6:50 p.m.

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

Heart - Infarct
Bronchial Pneumonia

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis Lab + 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) W.R. Jackson M. D.
(Address) Marionville Mo.

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.

