

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

Do not use this space.

17065

1. PLACE OF DEATH

5 County Barry
Township Exeter
City (No.) St. Ward)

Registration District No. 34
Primary Registration District No. 6239

File No.
Registered No. 11

2. FULL NAME

James Alfred 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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Luisa Kate Arnold</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>9-5-1861</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>69</u>	<u>7</u>	<u>8</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Farmer</u>				
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1931

17. I HEREBY CERTIFY, That I attended deceased from May 12 1931, 1931, to May 13 1931, 1931, that I last saw him alive on May 12 1931, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Myocarditis

CONTRIBUTORY (SECONDARY) 930 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? 8 DATE OF 1

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Hermif Lalyer M. D.
May 13 1931 (Address) Cassville Mo.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
Maplewood (Exeter) Mo. DATE OF BURIAL 5-14 1931

20. UNDERTAKER
M.A. Koon ADDRESS Cassville Mo.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo.

PARENTS

10. NAME OF FATHER <u>Prof. B. Arnold</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Barry Co. Mo.</u>
12. MAIDEN NAME OF MOTHER <u>Martha Howan</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>

14. INFORMANT Ms. Luisa Kate Arnold
(Address) Cassville, Mo.

15. FILED 5-14 1931 M.M. H. P. Searey REGISTRAR

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.

5-14 1931

