

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

PLACE OF DEATH  
County Linn  
Township Hubb  
or Hubb  
Village Hubb  
or Hubb  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 1108  
Primary Registration District No. 5983

File No. 5867  
Registered No. 2

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Arva Zina McKenzie

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE Widow  
MARRIED OR DIVORCED (Write the word)

DATE OF BIRTH Aug 10, 1836  
(Month) (Day) (Year)

AGE 78 yrs. 5 mos. 28 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE  
(City or town, State or foreign country) Linn

PARENTS  
NAME OF FATHER David Wells  
BIRTHPLACE OF FATHER Linn  
(City or town, State or foreign country)  
MAIDEN NAME OF MOTHER Sliger  
BIRTHPLACE OF MOTHER Linn  
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. C. McKenzie  
(ADDRESS) Hubb, Linn Co

Filed 9.3.1 1915 H. Meador  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 8th, 1915  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 9, 1913, to Feb 8, 1915, that I last saw her alive on Feb 2nd, 1915, and that death occurred, on the date stated above, at 11 Pm. The CAUSE OF DEATH\* was as follows:

80+ Old age and failure of circulation  
(Duration) 1 yrs. 2 mos. \_\_\_\_\_ ds.

Contributory Paralysis  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 12 ds.

(Signed) H. Meador M. D.  
Feb 9, 1915 (Address) H. Meador

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Opava Cemetery, Osage Co, Mo DATE OF BURIAL Feb 10th, 1915

UNDERTAKER Chas S. Dierel ADDRESS Redmont mo