

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

Do not use this space.

27584

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 490  
 97 Township Central Primary Registration District No. 6033  
 City Clayton County Hopkirk Hospital  
 2. FULL NAME Arnold G. Cameron St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (a) Residence, No. 701 Ducktown St. Ward. Wardsburg Mo.  
 (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 M. 4. COLOR OR RACE A. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Army Cameron  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21 - 1886  
 7. AGE YEARS 47 MONTHS 6 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beck Co.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 44 1/2  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington  
 FATHER 13. NAME unk  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk  
 MOTHER 15. MAIDEN NAME unk  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk  
 17. INFORMANT Edith Cameron  
 (ADDRESS) Wardsburg Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE Aug 21 1933  
 19. UNDERTAKER Alexander & Sons  
 (ADDRESS) 6175 Delmar  
 20. FILED Aug 20 1933 R. W. Sullivan Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/19 1933  
 22. I HEREBY CERTIFY, That I attended deceased from 2:10 P \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw him \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Auto accident; Struck telephone pole, and was dashed out thru window, on to concrete slab on Manchester road, Brentwood, Mo.  
 Cause of death: Basal skull fracture running thru left body of sphenoid. Laceration of cerebrum of inferior dorsal portion of right lobe. Extensive hemorrhage from the vessel supplying the duodenum and jejunum. Rupture of dorsal surface of r. lobe  
 Other contributory causes of importance \_\_\_\_\_  
 What test confirmed diagnosis? Cathey Was there an autopsy? YES  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? Brentwood Mo. 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) Luke Tison M.D.  
 (Address) 3712 Jennings St.

Crown Point, Mo., 8/19/33

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.

SEP 20 1933

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of liver. Fracture of r. 3rd rib, near junction of sternum.  
Secondary: Cerebral hemorrhage. Liver hemorrhage and shock.