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

Do not use this space.

File No. 15323

Registered No. 4443

JUN 19 1934

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. None

City St. Louis (No. Barnes Hospital St. Ward)

2. FULL NAME Richard, Maynard Arnold

(a) Residence, No. 608 N. Chestnut St., 1422 Ward R Litchfield Ill.
(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: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 - 1915

7. AGE: Years 19 | Months 1 | Days 1 | If LESS than 1 day: ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

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) Litchfield Ill.

FATHER

13. NAME Bert C. Arnold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Ills

MOTHER

15. MAIDEN NAME Adala Hauser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Ills

17. INFORMANT (ADDRESS) Bert Arnold Litchfield Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Litchfield Ill. DATE May 3 1934

19. UNDERTAKER (ADDRESS) Albert H. Kupka 1329 Mendell

20. FILED MAY 3 1934 J. P. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 30 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-23- 1934, to 4-30 1934

I last saw him alive on 4-30 1934. Death is said to have occurred on the date stated above, at 10 50 a.m.

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

| | Date of onset |
|---|---|
| Meningitis (hemolytic strep.) | 4/20/34 |
| Mastoiditis | March 1934 |

Other contributory causes of importance:

Name of operation Laminectomy Date of 4/24/34

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? Yes

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? No

If so, specify

(Signed) E. M. Bricker, M. D.

(Address) Barnes Hospital St. Louis, 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.