

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. Missouri Methodist Hospital St. \_\_\_\_\_ Ward)

File No. 38508

Registered No. 1225

**2. FULL NAME**

Leslie Clarence Arnold

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Clarksdale, 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. 3 da.

How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

Male

4. COLOR OR RACE

White

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

Married

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

Beulah Arnold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept, 1, 1893

7. AGE

YEARS

39

MONTHS

3

DAYS

12

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

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

Proprietor of 1205

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Battery Service Station

10. Date deceased last worked at this occupation (month and year)

Nov, 1932

11. Total time (years) spent in this occupation

3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Clarksdale, Mo.

MOTHER FATHER

13. NAME

John N.C. Arnold

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

Zanesville, Ohio.

15. MAIDEN NAME

Sarah Dalton

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

DeKalb Co., Mo.

17. INFORMANT (ADDRESS)

Teddy G. Arnold  
Clarksdale, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Clarksdale, Mo. DATE Dec. 15, 1932

19. UNDERTAKER (ADDRESS)

Walter Meinhoffer  
1302 Faraon St. St. Joseph, Mo.

20. FILED

DEC 14 1932

John B. Bender  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13, 1932 19

22. I HEREBY CERTIFY, That I attended deceased from 11-16 1932 to 12-13 1932.

I last saw him alive on 12-13- 1932. Death is said to have occurred on the date stated above, at 7.20 P.M.

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

Meningitis for a few hours

Date of onset

before death.

Injury was a xxxxxxxxx factor in causing the disease.

Other contributory causes of importance:

Pneumonia of both lungs with type 11. Injury on 11/16/1932 but not a factor in his death.

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Physician Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? Clarksdale, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

at home - in Clarksdale, Mo.

Manner of injury Broken Ulna and scalp injury.

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) B. B. Summers M. D.

(Address) Moss Bldg. St. Joseph, Mo.

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.

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B.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County..... Registration District No. 85  
Township..... Primary Registration District No. 1001  
City St. Joseph (No. ....) St. .... Ward)

**2. FULL NAME**

Leslie Clarence Arnold  
(a) Residence, No. .... St. .... Ward. .... (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>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, ..... hrs. or ..... min.
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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	13. NAME
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	15. MAIDEN NAME
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..	
19. UNDERTAKER (ADDRESS)	
20. FILED <u>1-18</u> 19 <u>John R. Bender</u> Registrar	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....  
I last saw him alive on ..... 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:  
meningitis  
meningitis was factor in causing the disease  
the grinding food in changing  
Other contributory causes of importance: belt from one grinder to another  
business bar flew out of belt destruction  
Name of operation 205 Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? 77

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) ..... M. D.  
(Address) .....

**SUPPLEMENTARY**

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS AND STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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