WHITE PENNEY, 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.

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

Do not use this space.

38306

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10971

City St. Louis Mo. (No. Alexian Bros. Hospital Ward)

**2. FULL NAME** John Cameron

(a) Residence. No. 2740 Hickory St. 22 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: 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~~ Mollie Cameron

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28 1874

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 53 | 8 | 7 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Inspector American
(b) General nature of industry, business, or establishment in which employed (or employer) Steel Foundry
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Unknow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs Mollie Cameron
(Address) 2740 Hickory St.

15. FILED DEC -7 1927 19 Max C. Darkoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH** 12/5/27

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/5/1927

17. I HEREBY CERTIFY, That I attended deceased from 11/30, 1927, to 12/4, 1927, that I last saw him alive on 12/4, 1927, and that death occurred, on the date stated above, at 8 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute Cardiac Failure
acute Delerium
Tremens (alcoholic)
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis
Diabetes of Liver
arterial sclerosis (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) George T. McLean, M.D.
12/6, 1927 (Address) 1006 So Jefferson

*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: Calvary Cemetery
DATE OF BURIAL: Dec 8 1927

20. UNDERTAKER: E. J. Schnur
ADDRESS: 3125 Lafayette av.