

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

Do not use this space.

30687

1. PLACE OF DEATH

County Jackson Registration District No. 391 File No. _____
 Township Law Primary Registration District No. 1 Registered No. 7033
 City Lamar Co. #37 Warner Plaza St. _____ Ward _____

2. FULL NAME

Estelita R. De Camp
 (a) Residence. No. 37 Warner Plaza St. _____ Ward _____
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jun 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Garthage
 (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Miles Biggs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Garthage
 (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Dora Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Garthage
 (STATE OR COUNTRY) Ohio

14. INFORMANT Mrs. R. M. Payne
 (Address) 37 Warner Plaza

15. FILED 9/27, 1928 M. M. Corwin
 REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 24 1928

17. Deputy Coroner
 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 12:15 am

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
MI

CONTRIBUTORY (SECONDARY) Chronic tubercular nephritis
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) Deputy Coroner M. D.

9/24, 1928 (Address) Deputy Coroner

*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 Mt. Moriah Cemetery DATE OF BURIAL 9/27 1928

20. UNDERTAKER Greeman Mortuary ADDRESS 424 St.

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.

