

1921-1929
6000
235
2
8
8

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.
5-402-a

1. PLACE OF DEATH
 County Carton Registration District No. 1008
 Township Newport Primary Registration District No. 5057
 City (No.)
 2. FULL NAME Mary Emma Camp
 (a) Residence. No. St. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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 A. L. Camp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 15-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 | 6 | 3 | — | —

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

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

10. NAME OF FATHER William Brown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT A. T. Camp
 (Address) Golden City Mo.

15. FILED July 10 1929 J. W. Wise
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1928 to Feb 18, 1929 (that I last saw him alive on Feb 6, 1929, and that death occurred, on the date stated above, at 3:45 p. m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Mitral disease of heart
 (duration) 6 yrs. 8 mos. 3 da.

CONTRIBUTORY (SECONDARY) POA
 (duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) Don Brook, M. D.
Feb 26, 1929 (Address) Golden City Mo.

*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 Greenfield Cemetery DATE OF BURIAL 2/20/29

20. UNDERTAKER E. A. Phillips ADDRESS Golden City Mo.

