

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

Do not use this space.

14185

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.

1929

**PLACE OF DEATH**

County Clay  
Township Clayton  
City Excelsior Springs

Registration District No. 148  
Primary Registration District No. 3011

File No. \_\_\_\_\_  
Registered No. 48  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Arley Estill Camden

(a) Residence. No. 618 Caldwell St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 24, 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
20 6 17

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

9. BIRTHPLACE (CITY OR TOWN) Excelsior Springs  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER George Camden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Virginia Overman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ray Co, Mo

14. INFORMANT Geo B. Archer  
(Address) Excelsior Springs, Mo.

15. FILED 4/16 19 29 Y. O. Overman REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 27 1928, to Jan 8 1929 that I last saw h. alive on Jan 8 1929, and that death occurred, on the date stated above, at 5:05 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis

CONTRIBUTORY mitral insufficiency  
(SECONDARY) Influenza

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical & X-ray  
(Signed) Samuel R. M. Caskey M. D.  
, 19 (Address) Excelsior Springs, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Moore Cemetery DATE OF BURIAL 4-11 1929

20. UNDERTAKER Herbert Hope ADDRESS Excelsior Springs Mo

