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

Do not use this space.

1893 14848

File No. .....

Registered No. .....

1. PLACE OF DEATH

County Jackson

Township Kan

City of Kansas City No. 2600 Paseo St. ..... Ward)

Registration District No. .....

Primary Registration District No. .....

2. FULL NAME James Severe Cameron

(a) Residence No. 2600 Paseo St., 4 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 Male

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18-1889

7. AGE Years 39 Months 9 Days 3 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED Clerk

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John B Cameron

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

12. MAIDEN NAME OF MOTHER Mary Coughlin

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

14. INFORMANT Charles B Cameron
(Address) 2411 Indiana

15. FILED 4/23, 1929 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1929

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1927, to April 21, 1929, that I last saw him alive on April 21, 1929, and that death occurred, on the date stated above, at 1:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic endocarditis (rheumatic)

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94 C (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis

(duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 a

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H. B. Jones M. D

Apr 21, 1929 (Address) 1019 Dixie Bldg K.C. 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 Mt St Marys

DATE OF BURIAL 4/25 1929

20. UNDERTAKER J. Donnell Co

ADDRESS 3256 Broadway

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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