JUN 24 1929

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

Do not use this space.

17337

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No.

Township Primary Registration District No. 1001 Registered No. 635

City St Joseph in (No. St Joseph Hospital St. Ward)

2. FULL NAME Rose Mary Cameron

(a) Residence. No. 920 Hickory St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. 6 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 31 -1919

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 9 | 6 | 12 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student 1948

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER John Cameron

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

12. MAIDEN NAME OF MOTHER Mary McDermott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Joseph
(STATE OR COUNTRY) Missouri

14. INFORMANT Neal McDermott
(Address) 920 Hickory Street

15. FILED MAY 17 1929 John G. Utz REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1929

17. I HEREBY CERTIFY, That I ~~attended~~ viewed OM deceased from , 19 , to , 19 that I last saw her alive on , 19 , and that death occurred, on the date stated above, at 8 -45 A m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Suffocation as a result of an explosion at 2302 So. 10th St Joseph Mo. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cause undetermined (duration) yrs. mos. 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 History & Examination

(Signed) B. W. Pollock Coroner M. D.

May 16, 1929 (Address) St Joseph 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 | DATE OF BURIAL |
|---|---|
| Mt Olivet Cemetery | May 18 1929 |
| 20. UNDERTAKER H. O. Sidenfaden | ADDRESS 1802 Union 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.