

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

Do not use this space.
D. P. ...
34620

1. PLACE OF DEATH

County Camden Registration District No. 631
Township North Primary Registration District No. 4888
City Camden (No.) St. Ward)

2. FULL NAME

(a) Residence No. 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 Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DK.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) DK.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 27
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. House work
(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) Ga.
10. NAME OF FATHER D.H.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) "
12. MAIDEN NAME OF MOTHER Betty Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ga.

14. INFORMANT (Address) Laura Ross, Camdenville, New address ...
15. FILE NO. 47, 1929 Ada Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-7-29
17. I HEREBY CERTIFY, That I attended deceased from 9-20-1929, to 10-7-1929, that I last saw her alive on 9-20-1929, and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
CONTRIBUTORY (SECONDARY) Bl
(duration) yrs. mos. ds.
(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?.....
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. R. P. ... M. D.
10-7-1929 (Address) Camdenville, 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
Cemetery 10-8-1929
20. UNDERTAKER ADDRESS
H. Smith Camdenville

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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