

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

Do not use this space.

38386.

1. PLACE OF DEATH

County Wright

Registration District No. 907

Township Pleasant Valley

Primary Registration District No. 6220

City Cedar Gap P.O. (No.)

File No.
Registered No. 16
St. Ward)

2. FULL NAME Ben Elbert Cameron.

(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

Male

4. COLOR OR RACE

Wht.

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) Jan 31/1913

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
17	9	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(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) Near Cedar Gap Missouri

10. NAME OF FATHER John D. Cameron

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

12. MAIDEN NAME OF MOTHER Sarah A. Lakey

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

14. INFORMANT John D. Cameron
(Address) Cedar Gap, Mo.

15. FILED 11/17 1930
J. A. Suson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov/6/30 19

17. I HEREBY CERTIFY, That I attended deceased from
Nov 1, 1930, to Nov 6, 1930
that I last saw him alive on Nov 6, 1930, and that death occurred, on the date stated above, at 11:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid fever
.....
.....
..... (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) none
..... (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?
(Signed) J. A. Suson, M. D.

11/17 1930 (Address) Mansfield
*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 Burial Goss Cem; **DATE OF BURIAL** Nov/7 30

20. UNDERTAKER Floyd A. Steffe Mansfield
ADDRESS

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.

