

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

Do not use this space.

Dr. Francis Camp
1147

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 2041
City Springfield (No. 000 Ambassador Apts. St. 467 Ward)

2. FULL NAME

(a) Residence Springfield Ward 467
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lottie Walker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18-1863
7. AGE YEARS 67 MONTHS 5 DAYS 18 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Widow
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 192
10. Date deceased last worked at this occupation (month and year) 192 11. Total time (years) spent in this occupation 192

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield

FATHER 13. NAME Robert Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MOTHER NAME Martha Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Springfield Mo

18. BURIAL OR CREMATION OR REBURYAL PLACE Springfield DATE June 21 1931

19. UNDERTAKER (ADDRESS) Springfield Mo

20. FILED 6-19-31 Registrar For Sharp

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/17 1931

22. I HEREBY CERTIFY, That I attended deceased from 5-1-1931 to 6-17-1931

I last saw him alive on June 17 1931 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

47B
43E Carcinoma of Pleura
93P
47C
Other contributory causes of importance:
Secondary Carcinoma - Hepatic 3 mo.
Myocardial - Chronic 2 year

Name of operation _____ Date of _____

What test confirmed diagnosis? Kary - Almond Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) F. Camp, M. D.
(Address) 413 Holliday Bldg Springfield Mo

JUL 4 1931

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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