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.

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

Do not use this space.

29430

File No. 8416

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 5

Township ..... Primary Registration District No. 10

City ..... (No. 4217W Finney St. ..... Ward)

2. FULL NAME Perry L Camp

(a) Residence, No. 4217W Finney St., 11 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: Negro
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) 6-1 1910

7. AGE: YEARS 21 | MONTHS 2 | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) Oct 1930

11. Total time (years) spent in this occupation 3 mos

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

FATHER

13. NAME Walter Camp

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

MOTHER

15. MAIDEN NAME Nora Clark

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

17. INFORMANT (ADDRESS) Nora Wilkerson 3131 Laclede

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warrenton, MO DATE 8/4 1931

19. UNDERTAKER (ADDRESS) A. Russell and Co 2732 Pine

20. FILED 4 06 - 1931 Max C Starkey Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-1-1931

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1931, to Aug 1, 1931

I last saw him alive on Aug 1, 1931. Death is said to have occurred on the date stated above, at 1:20 PM

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

	Date of onset
Pulmonary Consumption	About Jan. 1930
22A 108 23	

Other contributory causes of importance:

Lobar Pneumonia

Name of operation ✓ Date of ✓

What test confirmed diagnosis? symptoms & signs 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 ✓, 19 ✓

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) G B Key, M. D.

(Address) 4 S. Compton