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

Do not use this space.

37771

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Haw — Primary Registration District No. — Registered No. 4638
City Kansas City (No. 2425 Askew 1002 St. Ward)

2. FULL NAME Camillia Ann Straley Clarkson
(a) Residence. No. Askew 2426 St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4 1849

7. AGE: 82 YEARS — MONTHS: 4 — DAYS: 15 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Homekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Frankfort (STATE OR COUNTRY) Ky

PARENTS
10. NAME OF FATHER L. B. Goodman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Mary Rush
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ky

14. INFORMANT C. L. Straley (Address) 2409 Bales Av. K.C. Mo.

15. FILED 11/19 1931 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 19 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1930, to Nov 19 1931, that I last saw her alive on Nov 18 1931, and that death occurred, on the date stated above, at 12:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis 93C
93C
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arterio-sclerosis
(duration) 2 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? Clinical
(Signed) James Middleton, M. D.
Nov. 19, 1931, (Address) 424 N. Montgall Ave.

*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: Lee's Summit — DATE OF BURIAL: 11/20 1931
20. UNDERTAKER: Fields James Co. — ADDRESS: Lee's Summit Mo.

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.