

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

Do not use this space.

7825

1. PLACE OF DEATH

County Clayton Registration District No. 204
Township Shoals Primary Registration District No. 3013
City Cameron (No.) St. Ward)

2. FULL NAME

(a) Residence, No. West 2nd St., 1st 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 16 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>68</u>	<u>11</u>	<u>4</u>	

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

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

MOTHER 13. NAME Ratchiff B Pile

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind 2

15. MAIDEN NAME Anna Johnson

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

17. INFORMANT Mrs J E Pile
(ADDRESS) Cameron Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE McDaniel Cem. DATE Mar 22 32

19. UNDERTAKER (ADDRESS) W Moore
Cameron Mo

20. FILED 3/21 1932 D C H Reilly
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) mch 20[#] 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1932, to Mar 20, 1932
I last saw him alive on Mar 18, 1932—Death is said to have occurred on the date stated above, at 5 A m.

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

Bright's disease
131 Chronic
Other contributory causes of importance:
131 (1)

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) J A Tranklin, M. D.

(Address) Cameron Mo

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.

APR 25 1932

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

