

MAY 24 1932

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

Do not use this space.

7961

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
34 County Douglas Registration District No. 2974
Township North Primary Registration District No. 5382
City _____ (No. _____ St. _____ Ward _____)
2. FULL NAME Charles C. Cammifer
(a) Residence, No. 211 St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

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) April 15 - 1847
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 0 21
OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 8
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark. 2
FATHER
13. NAME Charles Cammifer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 31
MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
17. INFORMANT W. J. Cammifer
(ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE Springfield DATE 3-7 1932
19. UNDERTAKER McGibbons
(ADDRESS)
20. FILED _____ 19 _____
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6 1932
22. I HEREBY CERTIFY, That I attended deceased from 3-3 1932 to only 1932
I last saw him alive on 3-3 1932 Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:
Arterial Sclerosis
and mitral insufficiency
Date of onset _____
Other contributory causes of importance: 92 A
92
92 A
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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? _____
If so, specify _____
(Signed) J. L. Leach _____, M. D.
(Address) live here

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Douglas Registration District No. 974
Township Spring Creek Primary Registration District No. 5382
City (No. St. Ward)

2. FULL NAME

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Connifax</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 15 - 1847</u>		
7. AGE	YEARS	MONTHS
	<u>84</u>	<u>10</u>
		<u>21</u>
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u>		
13. NAME <u>Chealey Connifax</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u>		
15. MAIDEN NAME <u> </u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> </u>		
17. INFORMANT <u>W. G. Connifax</u> (ADDRESS) <u> </u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Spring Creek Cem</u> DATE <u>3-7</u> 19 <u>32</u> PLACE <u> </u>		
19. UNDERTAKER <u>Neighbors</u> (ADDRESS) <u> </u>		
20. FILED <u>6-4</u> 19 <u>32</u> <u>D. J. Mackey</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 - 1932

22. I HEREBY CERTIFY, That I attended deceased from
3-3-32 to only, 1932

I last saw him alive on 3-3-32, 1932 Death is said

to have occurred on the date stated above, at 6 a. m.

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

Arterio sclerosis
and mitral
insufficiency
Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) J. L. Bentley, M. D.

(Address) ava

Every item of information should be carefully supplied. It should be stated EXACTLY. PHYSICIAN'S statement of OCCUPATION OF DEATH in plain terms, so that it may be properly understood.

FEES SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED

5-7961