WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

22712

File No. 2008

Registered No.

1. PLACE OF DEATH
County Jackson — Registration District No.
Township Kaw — Primary Registration District No.
City Kansas city (No. 3619 Forest ave St. Ward)

2. FULL NAME Mary J. McCamish
(a) Residence, No. 3619 Forest St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF William H. McCamish

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-7-1840

7. AGE — YEARS 91 — MONTHS 7 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2

FATHER
13. NAME Geo W Wells
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Margaret Sifer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs S. S McKinley 3619 Forest

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grinter Chapel DATE JULY-3 1932

19. UNDERTAKER (ADDRESS) Wyandotte Co Newcomer's Sons Kansas City - Mo.

20. FILED 7/2 1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 - 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from December, 1928, to July 1, 1932
I last saw her alive on June 25, 1932 Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
106B	long before
Arterio sclerosis	Inset her
97	

Other contributory causes of importance:
Senile bronchitis
97

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) W A Armour, M. D.
(Address) Argyle Bldg.