

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

Do not use this space.

33317

1. PLACE OF DEATH

91 County Ripley
Township 22
City Waver (No. 1)

Registration District No. 751
Primary Registration District No. 5890

File No. 431
Registered No. 54
St. 1 Ward 1

2. FULL NAME

(a) Residence. No. Waver mo St. R 1 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosco B. Boyle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 24, 1896

7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.
36 9 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. house wife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer 0

9. BIRTHPLACE (CITY OR TOWN) Steuarts
(STATE OR COUNTRY) × Posey Co. Ind.

10. NAME OF FATHER John Milton Camp

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mt. Erie
(STATE OR COUNTRY) Wayne Co. Ill.

12. MAIDEN NAME OF MOTHER Emily Alice Whitker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bonecap
(STATE OR COUNTRY) Edward Co. Ill.

14. INFORMANT J. M. Boyle
(Address) Waver mo

15. FILED 10/28/32 Hewwhite
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 24, 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1932, to Oct 24, 1932, that I last saw her alive on Oct 24, 1932, and that death occurred, on the date stated above, at 6 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

general peritonitis - due to perforation of bowel -

17.38 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Typhoid fever
10.19 (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF W

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Hewwhite, M. D.
10/24/32 (Address) Waver mo

*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 DATE OF BURIAL

Waver cem 10/25- 1932

20. UNDERTAKER/ ADDRESS

Waver cem Waver 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.

NOV 28 1932

