

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

Do not use this space.

**1. PLACE OF DEATH**

County .....

Registration District No. 78

Township .....

Primary Registration District No. 10

City St. Louis (No. Sutherland Hospital)

**34161**  
File No. ....  
Registered No. **9517**  
St. .... Ward

**2. FULL NAME** Mr. Florence Camp

(a) Residence, No. .... St. 24 Ward. Boonville mo  
(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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21 - 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>56</u>	<u>10</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Mayo Co mo

13. NAME A. S. Henderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk 31

17. INFORMANT (ADDRESS) Elmer L. Camp  
Boonville - mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville mo DATE Oct 28 32

19. UNDERTAKER (ADDRESS) Schwartzky - Warrhoff  
Boonville mo

20. FILED OCT 26 1932 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-11-32, 19....., to 10-26-32, 19.....  
I last saw her alive on 10-26-32, 19..... Death is said to have occurred on the date stated above, at 6:50 A.M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus with metastases Date of onset 8 mo

48

Other contributory causes of importance: 48

Name of operation Exploratory Date of 9-14-32  
What test confirmed diagnosis? ..... Was there an autopsy? N.O.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ⓪ 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 Pho H. Hansen, M. D.  
(Signed) Pho H. Hansen  
(Address) 3657 Selma

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.

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