

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

Do not use this space.

1453

1. PLACE OF DEATH

County Jackson
Township Frank
City N. C. Mo. (No. 100)

Registration District No. 399

File No.

Primary Registration District No. 100

Registered No.

St. 183 Ward

2. FULL NAME

(a) Residence, No. 3908 Bell St. 1 Ward.

(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Garry Cameron

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-11-1876

7. AGE YEARS 56 MONTHS 2 DAYS 0 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 95

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 127

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

MOTHER FATHER 13. NAME George Myer

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

15. MAIDEN NAME Myer

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

17. INFORMANT (ADDRESS) Mrs. Garry Cameron 3908 Bell

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 1-14-1933

19. UNDERTAKER (ADDRESS) Mrs. C. J. Cooper N. C. Mo.

20. FILED 1-12-33 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11-1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933 to Jan. 11, 1933. I last saw him alive on Jan. 11, 1933. Death is said to have occurred on the date stated above, at 2:40 p.m.

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

Peritonitis - Dec 8 Date of onset Jan 7/33
perforation of gall
bladder by gall stone
Cholelithiasis 1920

Other contributory causes of importance: 9582
Arteriosclerosis
Cardiac decompensation Jan 6/33

Name of operation none Date of
What test confirmed diagnosis? Expos Was there an autopsy? yes

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) Eugene H. Ferguson M. D.
(Address) 973 Professional Bldg

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.

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