

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.

APR 24 1933

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

Do not use this space.

**1. PLACE OF DEATH**

County Camden Registration District No. 275  
 Township Anglaize Primary Registration District No. 51700  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 8725  
 Registered No. 9

**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 Girl 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25/1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>2</u>	<u>8</u>	<u>24</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home  
 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) Camden Co Mo

MOTHER 13. NAME Homer Newell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co. Mo.

15. MAIDEN NAME Josephine Godfrey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden, Mo

17. INFORMANT Homer Newell (ADDRESS) Stoutland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richland Mo. DATE Mar 20, 1933

19. UNDERTAKER R. B. Peck (ADDRESS) Richland, Mo.

20. FILED 3-19-1933 Clyde A. Oliver Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1933, to March 19, 1933  
 I last saw her alive on March 19, 1933 Death is said to have occurred on the date stated above, at 8 P. m.

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

Stomach Date of onset 3-18-1933  
12-15  
8-19-33  
 Other contributory causes of importance: Impaction of bowels unknown

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Red side Was there an autopsy? no

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) Clyde A. Oliver, M. D.  
 (Address) Richland, Mo.

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

TO : SAC, NEW YORK (100-100000)

FROM : SAC, PHOENIX (100-100000)

SUBJECT: [Illegible]

[Illegible text follows, including a header area with "TO:", "FROM:", and "SUBJECT:" fields.]

[The remainder of the page contains several paragraphs of illegible text, likely the body of a memorandum or report.]