

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

Do not use this space.

11026

1. PLACE OF DEATH

County St. Louis
Township Grandville
City Koch (No. _____)

Registration District No. 1123
Primary Registration District No. 6248

File No. _____
Registered No. 103
St. _____ Ward _____

2. FULL NAME Dorothy Cameron

(a) Residence, No. 18766 Manard St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 23, 1884</u>		
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. <u>48</u> <u>4</u> <u>4</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe worker</u>		
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) St. Louis

MOTHER FATHER 13. NAME George Demmon

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

15. MAIDEN NAME Mary Louise Thompson

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

17. INFORMANT Lorna Stewart

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 3-28 1933

19. UNDERTAKER (ADDRESS) Craven and Co. 7146 Manchester

20. FILED Mar. 26 1933 L. C. Brock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-12 1932 to 3-26 1933

I last saw her alive on 3-25 1933 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Pulmonary Tuberculosis 1929
113 R
113 L
113 S

Name of operation none Date of _____
What test confirmed diagnosis chest x-ray 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 Indeterminate

(Signed) W. C. Cook M. D.
(Address) Koch 700

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.

1933

