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.

JUN 20 1933

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

Do not use this space.

File No. 15677
Registered No. 20

1. PLACE OF DEATH
County Benton
Township ~~Williams~~
City Cole Camp (No. ..., ... St. ..... Ward)
Registration District No. 59
Primary Registration District No. 4034

2. FULL NAME Metta Katherine Bloomcamp
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 66 yrs. 6 mos. 13 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Bloomcamp
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-1-1844
7. AGE 88 YEARS 6 MONTHS 13 DAYS If LESS than 1 day, ... hrs. or ..... min.

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.
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) Germany

FATHER
13. NAME William Meier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unkown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Louis Bloomcamp Cole Camp Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Paul Cem. DATE 5-16-1933
19. UNDERTAKER (ADDRESS) E L Eickhoff Cole Camp Mo
20. FILED 6-1-1933 Harry Bay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-14-33, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to May 14, 1933
I last saw her alive on May 14, 1933. Death is said to have occurred on the date stated above, at 2:55 AM
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Other contributory causes of importance:

Date of onset

Name of operation no Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) Harry Bay, M. D.
(Address) Cole Camp Mo.