

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

Do not use this space.

26724

1. PLACE OF DEATH

49 County Jasper Registration District No. 406
Township Jasper Primary Registration District No. 4240
City Carl Junction (No. _____) St. _____ Ward _____

2. FULL NAME

Amanda Caroline Camp
(a) Residence, No. Stony St. ms Ward ms
(Usual place of abode)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Joseph Camp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 11 25

OCCUPATION 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.
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) Washington Co. Illinois

MOTHER FATHER 13. NAME Jno H Curtis

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

MOTHER 15. MAIDEN NAME Emily Brown

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

17. INFORMANT (ADDRESS) Joseph Camp Carl Junction Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carl Junction Mo. DATE Aug 14 1933

19. UNDERTAKER (ADDRESS) W. B. Rousey Carl Junction Mo.

20. FILED Aug 13 1933 W. B. Rousey Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1933 to Aug 11 1933
I first saw her alive on Aug 10 1933 Death is said to have occurred on the date stated above, at 2:30 pm.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis 1931 Date of onset

Other contributory causes of importance: Mitral Regurgitation

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) O. L. Alberty, M. D.
(Address) Carl Junction

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.

SEP 28 1933

THIS IS A PERMITS RECORD

