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 25 1934

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

Do not use this space.

9559

1. PLACE OF DEATH
County Lewis — Registration District No. 483 — File No.
Township Reddish — Primary Registration District No. 5644B — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Emilie Katherine Cammack

(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: 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: Orrie Cammack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 13 1870

7. AGE: YEARS 63 — MONTHS 9 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

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): Germany

FATHER
13. NAME: Jacob Keller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bavaria

MOTHER
15. MAIDEN NAME: Appolonia Summers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ruxheim Germany

17. INFORMANT (ADDRESS): Mr O. Cammack Williamstown Mo

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
PLACE Salem, Iowa DATE Mar. 11 1934

19. UNDERTAKER (ADDRESS): Earl H Barkley Canton Mo

20. FILED Mar 18, 19 Mrs D. B. Speer Registrar.

(1) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 4, 1934, to Mar. 6, 1934
I last saw her alive on Mar 6, 1934. Death is said to have occurred on the date stated above, at 5:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrage	
82A	
8291	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 .....
(Signed) Dr. C. E. Todd, M. D.
(Address) Williamstown, Mo.