

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 20 1934

Dr J.D. Meadams

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

Do not use this space.

12210

1. PLACE OF DEATH
County ~~Wayland~~ Chautauq
Township Wayland
City (No.) St. Ward

Registration District No. 173
Primary Registration District No. 5240

File No. 418-
Registered No.
St. Ward

2. FULL NAME Sarah Cameron

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruben Cameron

22. I HEREBY CERTIFY, THAT I attended deceased from Mar 31 1934 to April 16 1934
I last saw her alive on April 30 1934 Death is said to have occurred on the date stated above, at 4:20 p.m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10, 1861

7. AGE YEARS 72 MONTHS 8 DAYS 6 If LESS than 1 day, hrs. or min.

Cerebral Hemorrhage
Date of onset March 1 1934

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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

Other contributory causes of importance: Cardiac Vascular Insufficiency

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County Mo

13. NAME John Pitts

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

15. MAIDEN NAME Rubensown

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

17. INFORMANT (ADDRESS) Mr. James Cameron
College Mount Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Amiteville DATE April 18, 1934

19. UNDERTAKER (ADDRESS) J.C. Major
Amiteville Mo

20. FILED April 18, 1934 J.D. Meadams Registrar.

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.

Number of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J.D. Meadams M. D.
(Address) Prater Hill Mo

OCCUPATION

FATHER

MOTHER

