

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

Do not use this space.

17085

**1. PLACE OF DEATH**

County Jackson Registration District No. 400  
 Township Prairie Primary Registration District No. 5553B  
 City Little Blue Mo. Jackson County Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Sidney Cambridge  
 (a) Residence, No. 11 E. 6th St. KC Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wuk  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Wuk  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
abt. 86  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed  
 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) Don't know  
 MOTHER FATHER 13. NAME Don't know  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
 15. MAIDEN NAME Don't know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT County Home Records  
 (ADDRESS) State Bldg Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Town Cemetery DATE 6-5-1934  
 19. UNDERTAKER Flynn & Greenstreet  
 (ADDRESS) Mo  
 20. FILED June 7 1934 William J. Fields  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

1  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30-34, 1934  
 22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934 to May 30, 1934  
 I last saw him alive on May 30, 1934 Death is said to have occurred on the date stated above, at 10 P.M.  
 The principal cause of death and related causes of importance were as follows:  
92 H  
Arterio-sclerotic  
Insufficiency  
 Other contributory causes of importance:  
HTA  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis: Phys Exam Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? L Date of injury 6, 1934  
 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 L. W. Booker, M. D.  
 (Signed) \_\_\_\_\_ (Address) 2028 Vin St.

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 22 1934

THIS IS A PERMANENT RECORD

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ALBERT