

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township _____
City Poplar Bluff (No. _____)

Registration District No. 89
Primary Registration District No. 3007

File No. 19633
Registered No. 127
St. _____ Ward _____

2. FULL NAME Charles Richard Camp

(a) Residence, No. 911 Lester St. 3rd Ward. (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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 11, 1934</u> | | |
| 7. AGE YEARS <u>0</u> | MONTHS <u>0</u> | DAYS <u>1</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | If LESS than 1 day, (18 hrs. or <u>1</u> min.) |
| 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) Poplar Bluff Mo.
(STATE OR COUNTRY)

13. NAME Richard V. Camp

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

15. MAIDEN NAME Verene Bailey

16. BIRTHPLACE (CITY OR TOWN) Laaper Mo.
(STATE OR COUNTRY)

17. INFORMANT Mrs W.S. Bailey
(ADDRESS) Poplar Bluff Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn DATE June 13 1934

19. UNDERTAKER Greer Unit. Co
(ADDRESS) Poplar Bluff Mo

20. FILED 6-14-1934 Q. S. Bailey
Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1934 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1934 to June 12, 1934
I last saw him alive on June 12, 1934. Death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

Injury at birth
Instrumental delivery
without Caesarian operation.

Date of onset
6-11-34

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) Q. S. Bailey M. D.
(Address) Poplar Bluff Mo.

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 19 1934

