

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

Do not file this space

20510
File No. 273
Registered No. 273

1. PLACE OF DEATH

Home
County _____ Registration District No. 318
Township _____ Primary Registration District No. 2001
City _____ (No. 735 Cherry St. _____ Ward)

2. FULL NAME

(a) Residence, No. 735 Cherry 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11 - 1872
7. AGE YEARS 62 MONTHS 8 DAYS 5
8. Trade, profession, or particular kind of work done, as splawyer, sawyer, bookkeeper, etc. Sawmill
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sawmill
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) Dea. Beatty Mo.
13. NAME John C. C. C.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
17. INFORMANT John C. C. C.
18. BURIAL, CREMATION, OR REMOVAL _____
19. UNDERTAKER _____
20. FILED 6-18 1934 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1934
22. I HEREBY CERTIFY, That I attended deceased from May 3 1934 to June 16 1934
I last saw her alive on June 16 1934 Death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis 1930
234
Other contributory causes of importance _____
Name of operation none Date of _____
What test confirmed diagnosis? Chest - Btl. 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) Francis B. Camp, M. D.
(Address) 4121 Holland Blvd. Springfield Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

5011

255

1

31

