

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

Do not use this space.

1. PLACE OF DEATH

County Clay
Township Fishing River
City Excelsior Springs, Mo. (No. V.A. Facility)

Registration District No. 198
Primary Registration District No. 3011

File No. 38853
Registered No. _____
St. 3rd Ward

2. FULL NAME CAMPER, James H.

(a) Residence, No. V.A. Facility St. _____ Ward. 121 Hill St., *Richmond, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jean Camper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1894

7. AGE YEARS 40 MONTHS 7 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. XX
10. Date deceased last worked at this occupation (month and year) XX 11. Total time (years) spent in this occupation. XX

12. BIRTHPLACE (CITY OR TOWN) Morristown (STATE OR COUNTRY) Tenn.

13. NAME William E. Camper

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

15. MAIDEN NAME Margaret Ramsey

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

17. INFORMANT Records V.A. Facility (ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond, Mo. DATE 11-26-34

19. UNDERTAKER Herbert Hopo (ADDRESS) Excelsior Springs, Mo.

20. FILED 11-26-1934 Wm. R. McConde Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 26, 1934

22. I HEREBY CERTIFY. That I attended deceased from November 25, 1934 to November 26, 1934

I last saw him alive on November 26, 1934 Death is said to have occurred on the date stated above, at 11:05 A.M.

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

Nephritis, diffuse
Diabetes Mellitus

Date of onset

Other contributory causes of importance:

Name of operation XX Date of _____
What test confirmed diagnosis? Exam. & Obs. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? XX Date of injury XX, 19____

Where did injury occur? XX (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury XX
Nature of injury XX

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) W. R. McConde M. D.
(Address) V.A.F., Excelsior Springs, 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.

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