

FEB 21 1935

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

Do not use this space.

596

1. PLACE OF DEATH

County Cameron  
Township State  
City Cameron (No. ....)

Registration District No. 204  
Primary Registration District No. 3013

File No. ....  
Registered No. 7 ..... Ward

2. FULL NAME

(a) Residence, No. 1207 1/2 6th St. 2 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
9 2

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

13. NAME E. Darst

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

15. MAIDEN NAME Paul Carrie

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

17. INFORMANT (ADDRESS) E. Darst Cameron Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englemann Cem DATE Jan 21 1935

19. UNDERTAKER (ADDRESS) W. Maden Cameron Mo

20. FILED 1/21 1935 W. A. Reilly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-17, 1935, to 1-20, 1935.

I last saw him alive on 1-19, 1935. Death is said to have occurred on the date stated above, at 4:55 a.m. Approximate  
The principal cause of death and related causes of importance were as follows:

Coronary atherosclerosis Date of onset  
Enlarged Thyroid Gland

Other contributory causes of importance

Name of operation None Date of 5

What test confirmed diagnosis? Chemical 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) W. A. Reilly, M. D.  
(Address) Cameron 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.

