

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

Do not use this space.

JUL 12 1935

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City St. Louis Mo. (No. Barnes Hospital)

File No. 21370
Registered No. 5306
St. Ward)

2. FULL NAME Charles F. Cameron

(a) Residence, No. 5909 1/2 Wabada St. Ward. 6
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thresa Cameron		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23rd, 1870		
7. AGE YEARS 64	MONTHS 10	DAYS 25
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Washman
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
	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) **Scotland**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland**

17. INFORMANT (ADDRESS) Thresa Cameron
5909a Wabada Ave.

18. BURIAL, CREMATION, OR REMOVAL
Wick Hope Cemetery DATE June 20, 1935

19. UNDERTAKER (ADDRESS) Wrethmann Funeral
1905 Union Blvd.

20. FILED JUL 19 1935
J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 15-135, 135, to 6-18, 1935

I last saw him alive on 6-18, 1935 Death is said

to have occurred on the date stated above, at 1:00 a.m.

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

Aplastic Anemia

Date of onset
6-14-35
Apr. 1935

Other contributory causes of importance:

Broncho-pneumonia

Name of operation..... Date of.....

What test confirmed diagnosis? Sternal Punch 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) J. R. Bradley, M. D.

(Address) Barnes Hospital

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.

