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.

SEP 20 1935

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

Do not use this space.
26141

39 1 2

1. PLACE OF DEATH
County Gentry — Registration District No. 309 — File No.
Township — Primary Registration District No. 4188 — Registered No. 45
City Albany (No. , St. Ward)

2. FULL NAME Jonathan Pickel McCammon

(a) Residence, No. 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16 1847

7. AGE: Years 88 — Months 4 — Days 2 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Knoxville (STATE OR COUNTRY) Tenn.

FATHER
13. NAME William McCammon
14. BIRTHPLACE (CITY OR TOWN) Monroe County (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Elizabeth Pickel
16. BIRTHPLACE (CITY OR TOWN) Monroe County (STATE OR COUNTRY) Tenn.

17. INFORMANT Wm. McCammon (ADDRESS) Denver, Colo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion DATE Aug. 19 1935

19. UNDERTAKER Clifford Brooks (ADDRESS) Albany, Mo.

20. FILED Aug. 19 1935 W. T. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, That I attended deceased from July 22 1935 to Aug. 18 1935
I last saw him alive on Aug. 17 1935 Death is said to have occurred on the date stated above, at 8:15 A.M.
The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset
9 3 & 1

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) W. T. Martin, M. D.
(Address) Albany, Mo.