

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.

MAR 23 1936

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

Do not use this space.

6564

1. PLACE OF DEATH

County Lin
Township Brossfield
City Brossfield (No. _____)

Registration District No. 496
Primary Registration District No. 3025

File No. _____
Registered No. 15 St. _____ Ward _____

2. FULL NAME

Bobbie Jean Cameron
(a) Residence, No. 819 Swool 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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6-36</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, <u>4</u> hrs. or <u>4</u> min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Brossfield Mo

13. NAME Woodrow R. Cameron

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Chillicothe Mo

15. MAIDEN NAME Claudine B. Davis

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

17. INFORMANT Woodrow R. Cameron
(ADDRESS) 819 Swool

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE July 7 1936

19. UNDERTAKER Hunt & Pullins
(ADDRESS) Brossfield Mo

20. FILED March 9 1936 J. H. Lucas, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-6 1936 to 2-6 1936

I last saw him alive on 2-6 1936 Death is said to have occurred on the date stated above, at 3P m.

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

Premature Birth
Following a fall
by mother

Date of onset

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Cholera Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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 none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B. E. Jenkins M. D.

(Address) 32 Beakfield Rd

