

APR 15 1936

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

Do not use this space.

9439

## 1. PLACE OF DEATH

County Buchanan

Registration District No. 25

Township

Primary Registration District No. 1001

City St. Joseph

(No. St. Joseph's Hospital)

File No.

Registered No. 447

St. Ward)

## 2. FULL NAME Carole Joyce Camp

(a) Residence, No. 1902 South 12th. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
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) January 23, 1935

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

OCCUPATION

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) St. Joseph Missouri (STATE OR COUNTRY)

FATHER

13. NAME Robert Wm. Camp

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

MOTHER

15. MAIDEN NAME Catherine Swope

16. BIRTHPLACE (CITY OR TOWN) St. Joseph Missouri (STATE OR COUNTRY)

17. INFORMANT Robert Wm. Camp Mo. (ADDRESS) 1902 South 12th St. St. Joseph

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery St. Joseph, Mo. PLACE St. Joseph, Mo. DATE March 24 1936

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED 3-24 1936 John R. Bunker Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Mar 19 1936 to Mar 22 1936  
I last saw her alive on Mar 22 1936 Death is said to have occurred on the date stated above, at 1:05 A.M.  
The principal cause of death and related causes of importance were as follows:

Coronitis premonitory (Green) Mar 15/36  
Date of onset

Other contributory causes of importance:

Coronitis premonitory

Name of operation None Date of operation  
What test confirmed diagnosis? Lab. Was there an autopsy? Yes

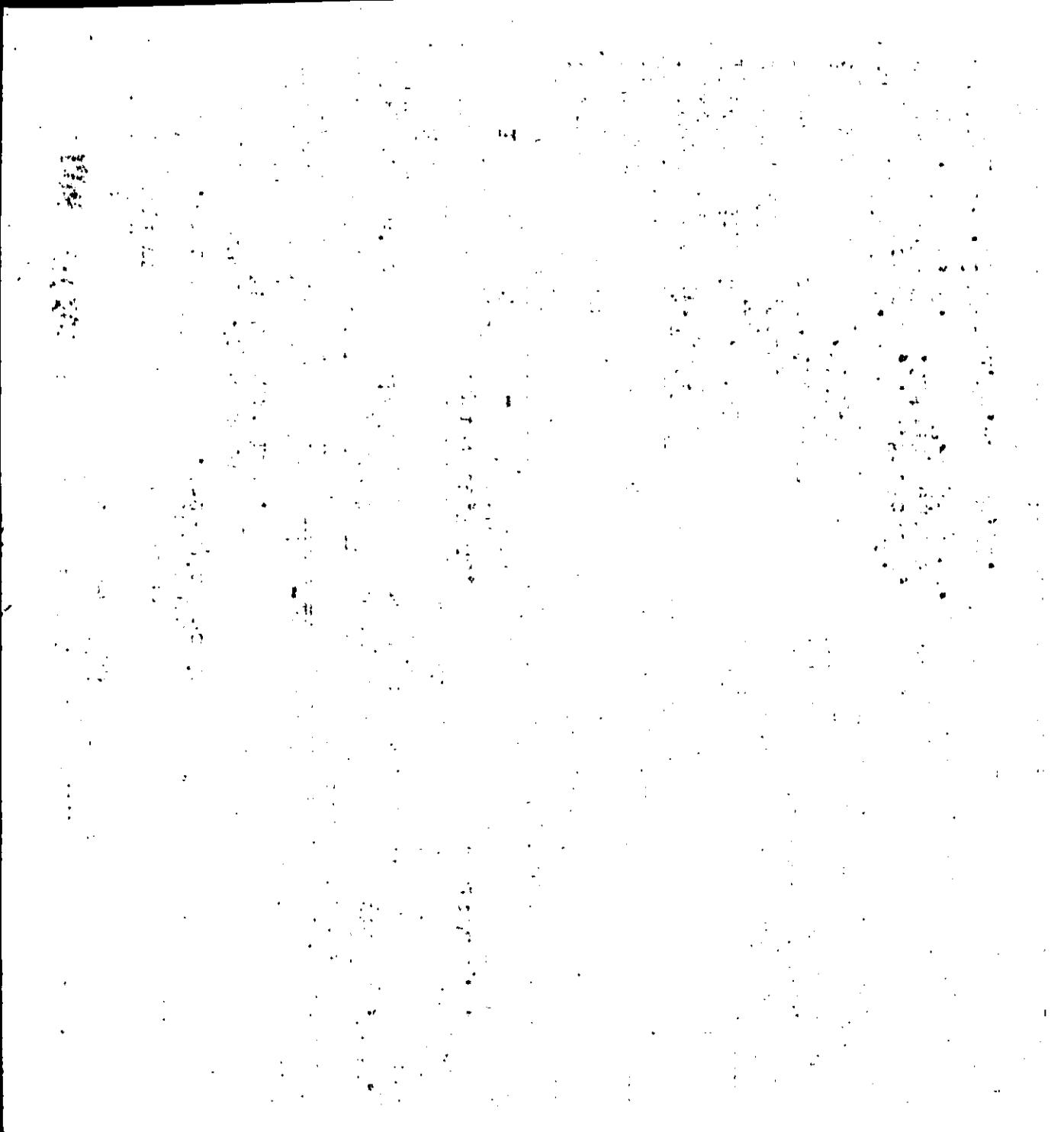
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 19  
Where did injury occur? (Specify city or town, county, and State)

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) Frank L. H. Leggett, M. D.  
(Address) Line Palmer Bldg.



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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
Township St Joseph Primary Registration District No. 1001  
City St Joseph (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 447

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>1</u>	<u>2</u>		

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED March 24 1936 John P. Beuden Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Peritonitis Primary  
Neurococci

Date of onset \_\_\_\_\_

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Alb. V. 12 Was there an autopsy Yes

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) Frank Hardigian M. D.

(Address) Esperanza Bldg  
St Joseph

**SUPPLEMENTARY**

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