

APR 8 1936

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

Do not use this space.

10009  
10010 7

1. PLACE OF DEATH

County St. Louis  
Township Miller  
City Ava mo. (No. ...., St. .... Ward)

Registration District No. 1068  
Primary Registration District No. ....

File No. ....  
Registered No. ....

2. FULL NAME William Isaac Cameron

(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 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) June 3 1932

7. AGE YEARS 3 MONTHS 9 DAYS 6 If LESS than 1 day, .... hrs. .... min.

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) Ava mo (STATE OR COUNTRY)

FATHER 13. NAME James Henry Cameron

14. BIRTHPLACE (CITY OR TOWN) Shreveport Louisiana (STATE OR COUNTRY) Vera Cruz

MOTHER 15. MAIDEN NAME Theresa Cameron

16. BIRTHPLACE (CITY OR TOWN) Grimes Co. Texas (STATE OR COUNTRY)

17. INFORMANT Mrs Theresa Cameron (ADDRESS) Ava mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial DATE 7-2 1936

19. UNDERTAKER Friends (ADDRESS)

20. FILED ...., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19...., to 3/8 1936

I last saw him alive on only once, 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:

Date of onset

Pneumonia (Bacterial)

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.....

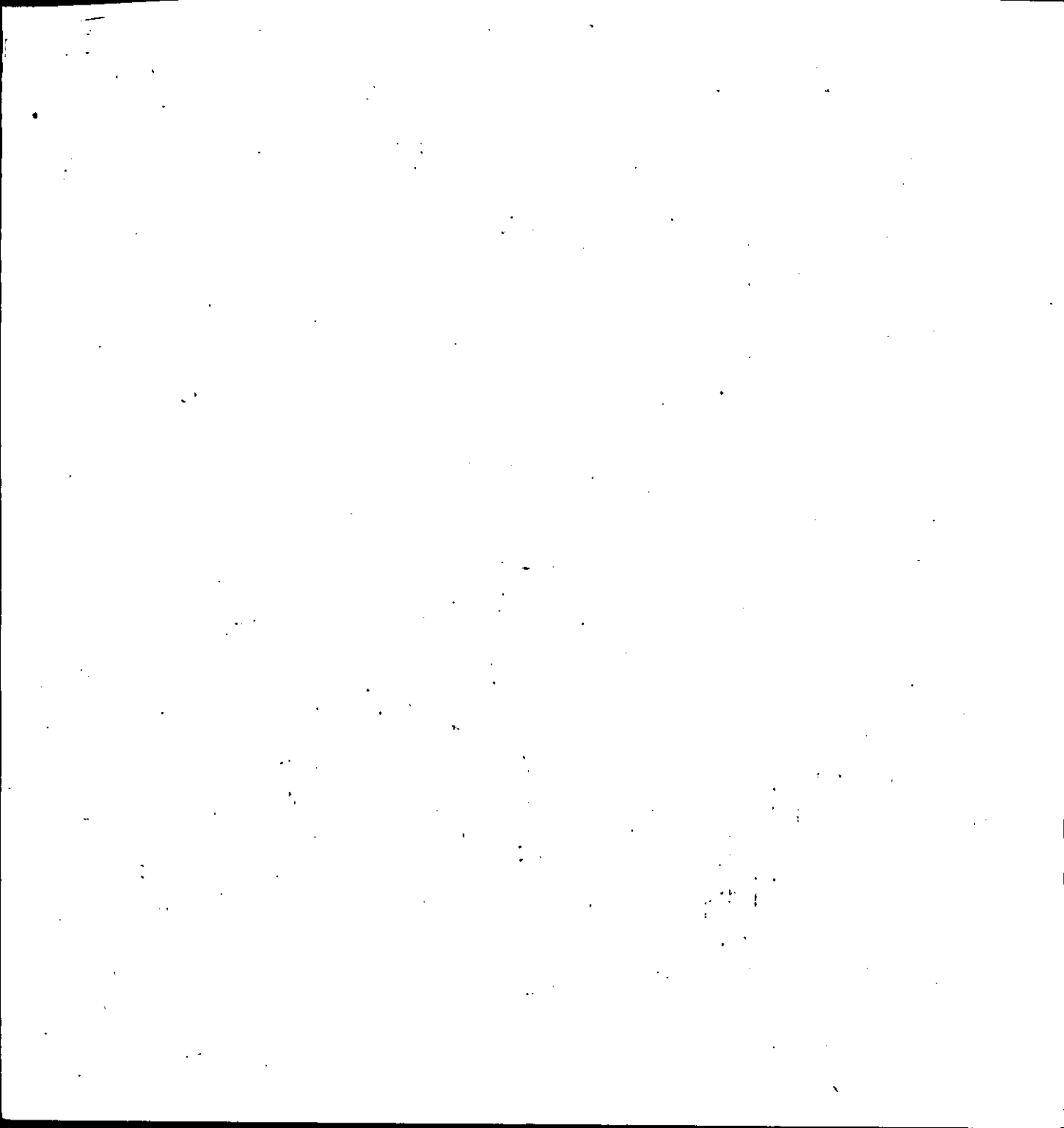
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) J. B. Ferguson, M. D.

(Address) God, Ave



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

Do not use this space.

**1. PLACE OF DEATH**

County Douglas  
Township.....  
City..... (No. ....)

Registration District No. 1061  
Primary Registration District No. 5385

File No. 10009  
Registered No.....  
St. .... Ward.....

**2. FULL NAME** William J. Cameron

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 8 (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.  
3 9 6

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)..... Total time (years) spent in this occupation.....

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

MOTHER, FATHER  
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 April 6, 1936 U. S. McLite

Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 9 - 1936

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

I last saw him 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:  
Date of onset

Bronchial Pneumonia  
(Unknown as to any other complications)  
Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Is there an autopsy?.....

23. If death was due to external cause (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. D. Ferguson, M. D.

(Address) W. S. McLite

S-10009