JUL 24 [illegible]

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

Do not use this space.

23616

1. PLACE OF DEATH

County Moniteau — Registration District No. 5773 — File No.

Township / — Primary Registration District No. 574 — Registered No. 18

City ..... (No. ..... St., ... Ward)

2. FULL NAME Mary Margaret De Camp

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Abraham De Camp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 26 - 1854

7. AGE: YEARS 81 — MONTHS 8 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... 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) (STATE OR COUNTRY): Morgan Co

FATHER
13. NAME: John Woody
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Abraham De Camp, Barnett Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hope Well Cem DATE: 6/30 1936

19. UNDERTAKER (ADDRESS): Williams & Friedmeyer, California Mo

20. FILED: July 8 1936 Jewell W. Phillips, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 29th, 1936, to June 29th, 1936
I last saw her alive on June 29, 1936. Death is said to have occurred on the date stated above, at 5 a.m. 1936
The principal cause of death and related causes of importance were as follows:

Paralytical Stroke General — Date of onset

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) H E Blackstein, M. D.
(Address) Versailles, Mo. R.R.

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 s... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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