

AUG 28 1936

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

Do not use this space.

1. PLACE OF DEATH

County StoddardRegistration District No. 836Township ElkPrimary Registration District No. 6.1.0.0

City..... (No.....)

St. Ward)

File No. AB548Registered No. 362. FULL NAME Still Born M^c Camish

(a) Residence, No. St. Ward. (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 M 4. COLOR OR RACE W 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) 6-22-367. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
0 0 0

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) Stoddard Mo.
(STATE OR COUNTRY)13. NAME Richard M^c Camish14. BIRTHPLACE (CITY OR TOWN) Hannock Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Effie Yells16. BIRTHPLACE (CITY OR TOWN) Adrian Mo.
(STATE OR COUNTRY)17. INFORMANT Richard M^c Camish
(ADDRESS) 29. Valley no.18. BURIAL, CREMATION, OR REMOVAL
PLACE Bermeau DATE 6-23-3619. UNDERTAKER Sam J. Hopkins
(ADDRESS) Bermeau no.20. FILED July 15, 1936
Registrar. Hilweule Ullrich

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22-193622. I HEREBY CERTIFY, That I attended deceased from 6-22-1936, 1936, to 6-22-1936, 1936I last saw him alive on 6-22-1936, 1936. Death is said to have occurred on the date stated above, at 7 p.m.

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

Still Borned. 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 1936

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) Lawson Ryan, M. D.(Address) Bermeau

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.

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