

58 23 1937

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

Do not use this space.

4554

1. PLACE OF DEATH

County *Schuyler*  
Township *Elmwood*  
City (No. ....) (No. ....) St. .... Ward .....

Registration District No. *805*  
Primary Registration District No. *6049*

File No. *88*  
Registered No. ....  
St. .... Ward .....

2. FULL NAME

*Mary Ann Camden*  
(a) Residence, No. .... St. .... Ward .....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OF RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF *Thomas Camden*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 22-1863*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*73 11 25*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *housewife*  
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) *Penn.*

13. NAME *Geo. Handsheew*

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

15. MAIDEN NAME *Ann Stauffer*

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

17. INFORMANT (ADDRESS) *Ernest Camden  
Elmwood Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bellevue* DATE *4/9* 1937

19. UNDERTAKER (ADDRESS) *True Morehead  
Lancaster Mo.*

20. FILED *Jan. 9* 1936 *Byrdie Drake  
Deputy Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 7* 1937

22. I HEREBY CERTIFY, That I attended deceased from *Dec 16* 1936, to *Jan 7* 1937  
I last saw her alive on *Jan 9* 1937. Death is said to have occurred on the date stated above, at *6:30 a.m.*  
The principal cause of death and related causes of importance were as follows:

*Endocarditis*

Date of onset

Other contributory causes of importance: *Chronic Constipation*

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? *no*  
If so, specify .....

(Signed) *Dr. R.E. Vaughn* M. D. D.  
(Address) *Lancaster, Mo.*

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

Do not use this space.

**1. PLACE OF DEATH**

County Schuyler  
Township Glennwood  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 805-  
Primary Registration District No. 6049

File No. 455-4  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Mary Ann Camden

(a) Residence, No. \_\_\_\_\_, City \_\_\_\_\_, 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write word) wid

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.  
73 11 25

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 4/9/59 19 4/9/59 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7, 1937

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

I last saw \_\_\_\_\_ 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:

Chronic Endocarditis Date of onset \_\_\_\_\_

Other contributory causes of importance:

Chronic Constipation  
Cause unknown

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) Mrs. E. Vayden, M. D.

(Address) Glennwood

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