

MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Clatsop
Township Shoal
City Cameron (No. _____)

Registration District No. 204
Primary Registration District No. 3013

File No. 16091
Registered No. 17
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. East 5th St. 1st 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 21 1866</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>72</u>	<u>70</u>	<u>5</u>	<u>27</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Camden Mo</u>			
	13. NAME <u>Richard Wyckoff</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>			
MOTHER	15. MAIDEN NAME <u>Josephine Kendrick</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>			
17. INFORMANT <u>Mrs. Francis Wyckoff</u> (ADDRESS) <u>Cameron Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Evergreen in</u> PLACE <u>Cameron Mo</u> DATE <u>Apr 20 1937</u>				
19. UNDERTAKER <u>W. Moore</u> (ADDRESS) <u>Cameron Mo</u>				
20. FILED <u>Apr 20 1937</u> <u>W. L. Riley</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 18 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to April 18 1937
I last saw him alive on April 12 1937 Death is said to have occurred on the date stated above at 5 PM.
The principal cause of death and related causes of importance were as follows:

Angina pectoris Title 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? no
If so, specify _____
(Signed) W. L. Riley, M. D.
(Address) Cameron Mo

