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.

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

Do not use this space.

18904

JUN 12 1937

1. PLACE OF DEATH

County Jackson — Registration District No. — File No. 2113

Township Kaw — Primary Registration District No. — Registered No.

City Kansas City (No. 3848 E. 9th Terrace St. Ward)

2. FULL NAME Edward E. Van Camp

(a) Residence, No. 3848 E. 9th Terrace 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Florence

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 15 '83

7. AGE: 53 YEARS 53 MONTHS 6 DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mailer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: K. C. Journal Post
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): Kansas City Mo.

FATHER

13. NAME: Nathan Van Camp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Florence Van Camp 3848 E. 9th St. Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys DATE 5-7-37 19

19. UNDERTAKER (ADDRESS): QUIRK AND TOBIN 20 W. Linwood

20. FILED 5-5- 1937 M M Crowe and Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 25th, 1937, to May 4th, 1937
I last saw him alive on May 4th, 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:

Failure Heart
Cancer of pancreas

Date of onset

Other contributory causes of importance: 46

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? Yes

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) Priv Shelton M. D.
(Address) 6315 W Yandotte