

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

Do not use this space.

1. PLACE OF DEATH - 1937

County.....
Township.....
City ST/ Louis, Mo. (No. 4552 Ashland)

Registration District No. 791
Primary Registration District No. 1008

File No. 22391
Registered No. 6143
St. _____ Ward _____

2. FULL NAME Christina Kerr Cameron Strother

(a) Residence No. 4552 Ashland Ave. St. 10 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 Female 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 Edgar E. Strother

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/17/69

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>68</u>	<u>1</u>	<u>6</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Missionary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N.P.S.E.

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) Montreal, Canada

13. NAME Colin Cameron

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

15. MAIDEN NAME Nancy Munro

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT Minnie M. Cameron (ADDRESS) 4552 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Pellefontaine DATE 5/25/37 19.

19. UNDERTAKER Provoost Und. Co. (ADDRESS) 3710 Grand ave

20. J. Bredeck (Address) 5144 St. Louis Ave, St. Louis, Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23rd 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1937, to June 23, 1937. I last saw him alive on June 23, 1937. Death is said to have occurred on the date stated above, at 12:05 P.M.

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

Pernicious Anemia slly Months
Chronic Valvular Heart Disease Sept months

Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis Chrom. Blood counts 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? No
If so, specify None
(Signed) Richard C. Campbell, M. D.
(Address) 5144 St. Louis Ave, St. Louis, Mo.

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.

ST 68 786 21

5146 St. Louis.