

JAN 25 1938

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

Do not use this space.

46857

1. PLACE OF DEATH
98 County Schuyler Registration District No. 805-21
Township Glenwood Primary Registration District No. 6049
City (No.) St. Ward

File No. 20
Registered No. _____

2. FULL NAME Charles T. Camden
(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF WIFE OF Molly Camden

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1937 to Dec 12 1937

I last saw him alive on Dec 11 1937. Death is said to have occurred on the date stated above, at 1:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 1 23

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

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

arterio-sclerosis
apoplexy
Other contributory causes of importance: 82a
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler

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

13. NAME Thomas Camden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

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)

15. MAIDEN NAME America Mitchell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mrs. Charles Camden
Glenwood Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Glenwood Mo. DATE Dec 14 1937

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

19. UNDERTAKER (ADDRESS) True Morehead
Saunderston, Mo.

(Signed) M. J. Johnson, M. D.
(Address) Glenwood Mo.

20. FILED Dec 16 1937 Alf Drake Registrar

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.

