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

Do not use this space.

1930

1. PLACE OF DEATH
County: Barton — Registration District No.: 40 — File No.:
Township: — Primary Registration District No.: 4024 — Registered No.: 2
City: Lamar (No. ..., ... St. ..... Ward)

2. FULL NAME: James Otto Camp 510
(a) Residence, No. ..... St., ... Ward. Joplin, Mo.
(Usual place of abode) (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: 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: Annabelle Camp
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 22-1915
7. AGE: YEARS 25 — MONTHS 2 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: for Wholesale Grocery
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): Springfield Missouri

FATHER
13. NAME: Otto Camp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brookline Missouri

MOTHER
15. MAIDEN NAME: Lillian Barr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iola Kansas

17. INFORMANT (ADDRESS): Mrs Annabelle Camp 1604 Wall - Joplin, Mo.
18. BURIAL, CREMATION, OR REMOVAL: Ozark Memorial Park DATE Jan 24th 1938
19. UNDERTAKER (ADDRESS): Konantz's Lamar, Missouri
20. FILED Jan-24 1938 Mrs. Josephine Mynatt Registrar.

BUREAU OF VITAL STATISTICS MO. STATE BOARD OF HEALTH FEB 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 22, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2 30 P m.
The principal cause of death and related causes of importance were as follows:
Fatally injured on Frisco Crossing in Iantha, Mo. at 12 55 P.M. Fractured skull, also internal Injuries
Date of onset
Other contributory causes of importance:
Driving truck along in truck
Name of operation: — Date of
What test confirmed diagnosis? — Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Jan 22, 1938
Where did injury occur? Iantha, Mo. (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) C. E. Duckett M. D.
(Address) Lamar, Mo.
Coroner Barton Co. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ... should be stated EXACTLY. PH...

40

2 06m

JUN 4 1946

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

1930
Do not use this space.

1. PLACE OF DEATH
(a) County Barton — Registration District No. 40
(b) Township — Primary Registration District No. 4024 — Registered No.
(c) City Lamar — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Otto Camp
(a) Residence, No. — St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE: Years 25 — Months 2 — Days 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ....., 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ....., 19 ..... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw h... 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:

Fatally injured on Texas Crossing in Dunlin Mo at 7 p.m. Fractured skull also internal injuries

Date of onset

Other contributory causes of importance: was driving the truck and was alone in the truck.

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) C. F. Duckett, M. D.
(Address) Lamar, Mo
Coroner Barton Co

SUPPLEMENTARY

CAUSE OF DEATH: Use terms, that may be properly classified. Exact statement of OCCUPATIONS should be made.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS FAR AS

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

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Town, City ..... Primary Registration District No. ..... Registered No. .....

(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME .....

(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If rural, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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.

OCCUPATION

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

9. Industry or business in which work was done, as 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) .....

FATHER

13. NAME .....

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

MOTHER

15. MAIDEN NAME .....

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

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19.

19. FUNERAL DIRECTOR (ADDRESS) .....

20. FILED ..... 19 ..... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19

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

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

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

	Date 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? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.