

REC'D APR 4 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

2 CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County *Franklin*Registration District No. *299*Township *Washington*Primary Registration District No. *3016*City *Washington*(No. *St. Francis Hospital*)File No. *10662*Registered No. *37*

St. _____ Ward)

2. FULL NAME

(a) Residence, No. *Beemont, Mo.* St. _____ Ward. *Beemont, Mo.*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. *✓* mo. *20* ds.

How long in U. S., if of foreign birth?

yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Agusta Kamper.</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 28, 1867</i>		
7. AGE YEARS <i>70</i>	MONTHS <i>10</i>	DAYS <i>25</i>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farming</i>
	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 _____

12. BIRTHPLACE (CITY OR TOWN) *Beemont Mo*
(STATE OR COUNTRY)13. NAME *Fernan Kamper.*
FATHER14. BIRTHPLACE (CITY OR TOWN) *Germany*
(STATE OR COUNTRY)15. MAIDEN NAME *Anna M. Baring*
MOTHER16. BIRTHPLACE (CITY OR TOWN) *Germany*
(STATE OR COUNTRY)17. INFORMANT *Agusta Kamper*
(ADDRESS) *Beemont, Mo.*18. BURIAL, CREMATION, OR REMOVAL *Beemont, Mo.*
PLACE *Beemont, Mo.* DATE *March 25, 1938*19. UNDERTAKER *E. J. Ferguson*
(ADDRESS) *Beemont, Mo.*20. FILED *Mar. 28, 1938* *H. A. May*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar, 23, 1938*22. I HEREBY CERTIFY, That I attended deceased from *Mar 3, 1938, to Mar 23, 1938*I last saw him alive on *Mar 22, 1938* Death is saidto have occurred on the date stated above, at *6:45 a.m.*

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

Carcinoma Prostate

Date of onset

*6-1-37*Other contributory causes of importance: *51*
*None*Name of operation *Prostatectomy* Date of *3-17-38*What test confirmed diagnosis? *Tax.* Was there an autopsy? *no*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) *Beemont, Mo.*, M. D.976 (Address) *Washington, 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.

