

REC'D JUN 16 1938

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

17975
Do not use this space.

1. PLACE OF DEATH

(a) County Carter Registration District No. 146
(b) Township Pike Primary Registration District No. 3209 Registered No. 66
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Junior Carl Camden 525
(a) Residence, No. 525 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE MARRIED WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-1-1938
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hr. or min. 1 4 3
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as saw mill, bank, etc. Infant
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) Wideo, Mo.
FATHER 13. NAME Emmett Camden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon, Mo.
MOTHER 15. MAIDEN NAME Gertie Ford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds, Mo.
17. INFORMANT (ADDRESS) Emmett Camden, Fremont, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Side DATE 6-5-38
19. FUNERAL DIRECTOR (ADDRESS).....
20. FILED 19..... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1938
22. HEREBY CERTIFY That I attended deceased from May 30, 1938 to June 4, 1938
I last saw him alive on June 4 p. 1938 Death is said to have occurred on the date stated above, at 4 p. m.
The principal cause of death and related causes of importance were as follows:
Dysentery and
Enteritis Date of onset 5-29
Other contributory causes of importance 11919 - 11919
Amoebiasis
Name of operation Clinical Date of.....
What test confirmed diagnosis Clinical 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?
If so, specify.....
(Signed) Tom H. Burton, M. D.
138 (Address) Tom Burton, Mo.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

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Do not use this space.

1. PLACE OF DEATH

(a) County Carter Registration District No. 146
 (b) Township Pine Primary Registration District No. 5209
 (c) City _____ (d) Street No. _____ Registered No. _____
 (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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-1-1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 4 3
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1938

22. I HEREBY CERTIFY That I attended deceased from May 30 to June 4, 1938

I last saw him alive on June 1, 1938. Death is said to have occurred on the date stated above, at 4 P. M.

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

Distal renal and enteritis

Date of onset _____

Other contributory causes of importance:

Anorexia

Name of operation _____ Date of _____

What test confirmed diagnosis clinical 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? _____

If so, specify _____
 (Signed) Wm H. Burton, M. D.
 (Address) Van Buren

12. BIRTHPLACE (CITY OR TOWN) Misses (STATE OR COUNTRY) no

FATHER 13. NAME Emmett Camden

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

MOTHER 15. MAIDEN NAME Gertie Ford

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

17. INFORMANT (ADDRESS) Emmett Camden
Senost

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE 6-5-38

19. FUNERAL DIRECTOR (ADDRESS) body
neighbors took care of

20. FILED June 10 1938 Jessie Schupp
Local Registrar

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1938

S-17975