

REC'D JUL 19 1938

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

Do not use this space.

21555

1. PLACE OF DEATH

 County Carter
 Township Pike
 City (No.)

 Registration District No. 146
 Primary Registration District No. 3209

 File No.
 Registered No. 69 St. Ward)

2. FULL NAME

 (a) Residence, No. St. Ward.
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

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) (STATE OR COUNTRY) Ellington Mo.

 FATHER 13. NAME Esco Camden

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

 MOTHER 15. MAIDEN NAME Mabel Turner

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

 17. INFORMANT (ADDRESS) Esco Camden

 18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Site DATE June 7 1938

 19. UNDERTAKER (ADDRESS) Bob Hart Pleasant Mo.

 20. FILED June 7 1938 Jessie D. Schuyler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1938
 22. I HEREBY CERTIFY, That I attended deceased from 6-1 38 to 6-6 38

 I last saw him alive on 6-6 38 Death is said to have occurred on the date stated above, at 6-6 38

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

Myocardial infarction and arteriosclerosis Date of onset 5-31

Other contributory causes of importance:

 Name of operation 120 Date of no
 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 no

 (Signed) Wm H. Burton, M. D.

 137 (Address) Carl Buren, Mo.

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

AGE should be stated EXACTLY. PHYSICIANS should state

121
THE UNIVERSITY OF CHICAGO
CHICAGO, ILLINOIS
PRINTED BY THE UNIVERSITY OF CHICAGO PRESS

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

215-8-0
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. _____
 (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 Clifford 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7 11 20

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) June 6 1938

22. I HEREBY CERTIFY That I attended deceased from _____ 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:

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) Wm H. Burton, M. D.
 (Address) Van Buren mo.

SUPPLEMENTARY

CAUSE OF DEATH SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

