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.

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REC'D NOV 10 1938

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

Do not use this space.

1. PLACE OF DEATH
County St Francois
Township St Francois
City Flat River (No. ..... St. ..... Ward)

Registration District No. 874
Primary Registration District No. 4468

File No. 36690
Registered No. 819

2. FULL NAME Luetta Camper
(a) Residence, No. 516 Flat River St., ..... Ward.
(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: Female
4. COLOR OR RACE: White
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): 12-22-1933
7. AGE: YEARS 4 MONTHS 10 DAYS 5 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): St Louis, Mo

FATHER
13. NAME: Wm T. Camper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison, Alabama

MOTHER
15. MAIDEN NAME: Lucille Burton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay Ky

17. INFORMANT (ADDRESS): Wm T Camper
18. BURIAL, CREMATION, OR REMOVAL
PLACE Parkview Cemetery DATE 10-30 1938
19. UNDERTAKER (ADDRESS): Caldwell Bros Flat River
20. FILED 11/4 1938 C D Farrar Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/27 1938
22. I HEREBY CERTIFY, That I attended deceased from 10/26, 1938, to 10/27, 1938
I last saw her alive on 10/27, 1938. Death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Laryngeal Diphtheria | 10/23/38 |
| 10 | |

Other contributory causes of importance: none

Name of operation none Date of
What test confirmed diagnosis? Hearty & Physical diagnosis 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) Paul L Jones, M. D.
(Address) Flat River, Mo