

REC'D FEB 21 1939

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

1513

Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 34
 (b) Township Exeter Primary Registration District No. 6239
 (c) City Wayne (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 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Bell Cameron

(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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/17/1854

7. AGE 84 YEARS MONTHS 2 DAYS 28
 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Millersburg
 (STATE OR COUNTRY) Ky.

FATHER 13. NAME George Malone
 14. BIRTHPLACE (CITY OR TOWN) Millersburg, Ky.
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Minerva Ritchey
 16. BIRTHPLACE (CITY OR TOWN) Millersburg, Ky.
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Pearl Moody
 (ADDRESS) Wayne, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Maplewood DATE Jan. 16 1939

19. FUNERAL DIRECTOR (NAME) Barr & Blankenship
 (ADDRESS) Exeter, Mo.

20. FILED Jan 16 1939 Mrs. H. P. Searey
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15 1939

22. I HEREBY CERTIFY, that I attended deceased from
Jan. 10 1937, to Jan. 13 1939
 I last saw her alive on Jan. 3 1939 Death is said
 to have occurred on the date stated above, at 5-H m.

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

Acute Myocarditis
Chronic Myocarditis
 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) W. B. McQuinn
 (Address) Crownville, 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-392-

Date Filed FEB 17 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address

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

If this body is not embalmed, above space should be left blank.