1939 APR 24 1939

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

Do not use this space.

File No. 9915

Registered No. 11

1. PLACE OF DEATH

County Audrain

Township Cuivre

City ~~Near Middletown~~, No. ..... St. ..... Ward)

Registration District No. 912

Primary Registration District No. 6232A

2. FULL NAME John Henry Camerer

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2nd. 1346

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
92	7	12	

OCCUPATION

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

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) Green County
(STATE OR COUNTRY) Illinois

FATHER

13. NAME Jonathon Camerer

14. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Irene Decker

16. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

17. INFORMANT Frank Camerer
(ADDRESS) Vandalia, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Central Union DATE 3/16/39 19

19. UNDERTAKER Jones & Wells
(ADDRESS) Middletown, Missouri

20. FILED Mar. 15, 1939 Carrie F. Ottenbreck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 14th, 1939, to Mar 14th, 1939

I last saw him alive on Mar 14th, 1939. Death is said to have occurred on the date stated above, at 8 P.M.

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

	Date of onset
Influenza	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Bedside 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) A. Busch, M. D.

(Address) Middletown, 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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

X7044

RECEIVED
District Health Officer No. 10
District File Number 10-39-523
Date Filed APR 14 1939