

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

**1. PLACE OF DEATH**

County Barton  
Township Lamar  
City Lamar (No. 616)

Registration District No. 40  
Primary Registration District No. 4024

File No. 21464  
Registered No. 26

**2. FULL NAME**

(a) Residence, No. Jonathan Mc Kelly Camp St. Lamar 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 Male 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 Stella Camp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13<sup>th</sup> 1856

7. AGE YEARS 83 MONTHS 3 DAYS 6 If LESS than 1 day, hrs. or min.

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

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) Bowling Green Kentucky

13. NAME J. D. Camp

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

15. MAIDEN NAME Dorcas Cox

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

17. INFORMANT Will Camp (ADDRESS) Nevala, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lamar Cemetery DATE 6-21-39

19. UNDERTAKER River Funeral Home (ADDRESS) Lamar, Mo.

20. FILED 6-20 1939 ma Josephine Myrath (Address) Lamar, Mo.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1939

22. I HEREBY CERTIFY that I attended deceased from June 16 to June 19 1939

I last saw him alive on June 19, 1939 Death is said to have occurred on the date stated above, at 4:37 P.M.

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

Myocardial Degeneration Date of onset 92C

Other contributory causes of importance: Chronic Emphysema

Name of operation none 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) Thos. J. Miller, M. D.  
Lamar, Mo.

RECEIVED

District Health Officer No. 6,

District No. 139-1355

Date Filed JUL 5 1939