

NOV 24 1939

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

Do not use this space.

37017

1. PLACE OF DEATH

County Reynolds
Township Carroll
City Bunker (No.)

Registration District No. 747
Primary Registration District No. 5-200

File No.
Registered No.
St. Ward)

2. FULL NAME

Francis Camden

(a) Residence, No. Bunker Mo 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? 69 yrs. 5 mos. 23 ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 1870

7. AGE YEARS MONTHS Days If LESS than 1 day,hrs. ormin.
69 5 23

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

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) Dent. County Mo.

13. NAME William Sullivan

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

15. MAIDEN NAME Eliza Susenberry

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

17. INFORMANT (ADDRESS) G.C. Camden 1510 S. 13th St. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bunker DATE Oct 31 1939

19. UNDERTAKER (ADDRESS) none

20. FILED Oct 30 1939 Mrs J J Byrle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1939 to Oct 30 1939
I last saw her alive on Oct 29 1939 Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

Tuberculosis of the lungs Date of onset

Other contributory causes of importance: 22

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur?

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) Dr. J. R. Byrle M. D.

(Address) Centerville, Mo

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.

RECEIVED

District Health Officer No. 5,

District File Number 1139 288

Date Filed 11 8 39