

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.

FILED MAR 8 1943

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

Do not use this space.

1. PLACE OF DEATH

County Camden
Township Salt River
City (No. 1)

Registration District No. 10
Primary Registration District No. 3-002-505

File No. 5591

Registered No. 19
St. 0 Ward

2. FULL NAME

(a) Residence, No. not named St. 0 Ward 0
(Usual place of abode) Truly Heights

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) 0
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 0

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 3 1/2 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) 0 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) Camden Co Mo (STATE OR COUNTRY)

13. NAME John W. Munday

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

15. MAIDEN NAME Leticia Lou Davis

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

17. INFORMANT Mrs John W. Munday (ADDRESS) Camden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial DATE 2/8/43

19. UNDERTAKER none (ADDRESS)

20. FILED 2/7/43 19 1943 Margaret H Mackie Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 - 1943

22. I HEREBY CERTIFY, That I attended deceased from 8 A.M. 2/7, 1943, to 2/7/43 1:30 p.m., 1943
I last saw him alive on 19 Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Senescence 6 months
Miscarriage

Date of onset

Other contributory causes of importance do not know

Name of operation 159 Date of 19
What test confirmed diagnosis? 159 Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 0 Date of injury 19
Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0
If so, specify 0

(Signed) J. S. Barell M. D. 1943
(Address) Camden, Mo

RECEIVED

District Health Officer No. 10

District File Number 3-43433

Date Filed MAR 8 1963