

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

Do not use this space.

MAY 27 1935

12621

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Clinton Primary Registration District No. 3018
City Clinton (No. _____) St. _____ Ward _____

File No. 67

Registered No. _____

2. FULL NAME Malinda Cameron

(a) Residence, No. 119 W Henry St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-14-1858
7. AGE YEARS 77 MONTHS 1 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.
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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
13. NAME George West House
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Cameron
18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 4-14-35
19. UNDERTAKER (ADDRESS) Wilkinson
20. FILED 56-35 J. B. Houston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13, 1935
22. I HEREBY CERTIFY, That I attended deceased from 1 year, 1934, to 4-13, 1935
I last saw her alive on April 1, 1935 Death is said to have occurred on the date stated above, at 110 a.m.

The principal cause of death and related causes of importance were as follows:
Coronary sclerosis
Aneurysm Pectoris
Renal mets. disten.
Other contributory causes of importance:
94a

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? No
If so, specify _____
(Signed) S. W. Wolcott, M. D.
(Address) Lebanon 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.

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