

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.

Russell

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

Do not use this space.

SEP 23 1936

30696

1. PLACE OF DEATH

County *Hann* Registration District No. *351*
 Township *Deepwater* Primary Registration District No. *5492*
 City *Deepwater* (No. _____) St. _____ Ward _____

File No. _____
 Registered No. *10*

2. FULL NAME

Willis Pratt Cameron
 (a) Residence, No. *Deepwater Mo* Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred *72* 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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary E Cameron*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *8-21-1864*

7. AGE YEARS *72* MONTHS _____ DAYS *4* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *James School Teacher*

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) *Harrington* (STATE OR COUNTRY) *Iowa*

13. NAME *James M Cameron*

14. BIRTHPLACE (CITY OR TOWN) *Suppaca* (STATE OR COUNTRY) *New York*

15. MAIDEN NAME *Elmina J. Cameron*

16. BIRTHPLACE (CITY OR TOWN) *Keokuk* (STATE OR COUNTRY) *Iowa*

17. INFORMANT *Mary E Cameron* (ADDRESS) *Deepwater Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Englewood* DATE *8-28-36*

19. UNDERTAKER *Fred Wellen* (ADDRESS) *Deepwater Mo*

20. FILED *8-26-36* *J. G. Russell* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-26-36*

22. I HEREBY CERTIFY, That I attended deceased from *8-21* 19*36* to *8-27* 19*36*

I last saw him alive on *8-27* 19*36* Death is said to have occurred on the date stated above, at *8:45 P.M.*

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

Apoplexy with Paralysis

Other contributory causes of importance: *glauc*

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*36*

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) *J. G. Russell*, M. D. (Address) *Deepwater Mo*

