

Jun 27 1935

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

Do not use this space.

1. PLACE OF DEATH

County Camden Registration District No. 744 739 File No. 17506
Township Camden Primary Registration District No. 5976A Registered No. 43
City Camden Mo. (No. 5974) St. _____ Ward _____

2. FULL NAME Robert James

(a) Residence, No. Camden Mo St. _____ 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 2 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
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) Pinney
(STATE OR COUNTRY) Missouri

13. NAME W. G. Farmer

14. BIRTHPLACE (CITY OR TOWN) W. Carolina
(STATE OR COUNTRY) _____

15. MAIDEN NAME Edna Alley

16. BIRTHPLACE (CITY OR TOWN) Tenn.
(STATE OR COUNTRY) _____

17. INFORMANT Mary Elliott
(ADDRESS) Camden Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Camden DATE May 21, 1935

19. UNDERTAKER James F. Guelon
(ADDRESS) _____

20. FILED 5-20-35 E. E. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 3:30 p.m.

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

Accidentally
fell on T. K. tracks
in front of train

Other contributory causes of importance
Instantly killed

Name of operation _____ Date of _____
What test confirmed diagnosis? Blunt Was there an autopsy? No

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) E. E. Ray, M. D.
(Address) Camden

N. B.—Every item of information should be carefully checked for accuracy. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

