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

Do not use this space.

13024

File No. 3579
Registered No.

1. PLACE OF DEATH

County
Registration District No. 791
Township
Primary Registration District No. 7903
City St. Louis (No. St. Ann's Asylum St. Ward)

2. FULL NAME George Cameron

(a) Residence. No. St. Ann's 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. 5 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: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11-28

7. AGE: Years | Months 8 | Days 12 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): "
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Orleans
(STATE OR COUNTY) La.

PARENTS

10. NAME OF FATHER Wm. M. Cameron
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Pauline E. Thomas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Lista Raymond
(Address) St. Anna Asylum

15. FILED 3 23 1929 Mary C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/23 1929

17. I HEREBY CERTIFY, That I attended deceased from 3/1, 1929, to 3/23, 1929, that I last saw him alive on 3/23, 1929, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Emphysema 1 mo
TBA

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY) Lobar Pneumonia

(duration) yrs. mos. 30 ds.

18. WHERE WAS DISEASE CONTRACTED? Hom
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John W. Bailey, M. D.
3/23, 1929 (Address) 1447 Lemp Av

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary — DATE OF BURIAL: 3/23/1929

20. UNDERTAKER: L. Hatcher — ADDRESS: 5301 Page

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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