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

Do not use this space.

20001

1. PLACE OF DEATH
County Lawrence — Registration District No. 469 — File No.
Township Lincoln — Primary Registration District No. 5630 — Registered No. 14
City ..... (No. ..... St. ..... Ward)

2. FULL NAME James Banton Cameron
(a) Residence, No. Miller Mo St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-3-1861

7. AGE — YEARS 71 — MONTHS 4 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 16

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

FATHER
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Desmeron

18. BURIAL, CREMATIN, OR REMOVAL
PLACE Mesmen DATE 6-15 1932

19. UNDERTAKER (ADDRESS) Morris & Timan Miller Mo

20. FILED 8-1 1932 W. S. Bunney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14- 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-14 1932 to 6-14 1932
I last saw him alive on 6-14 1932. Death is said to have occurred on the date stated above, at 11.15 a.m.
The principal cause of death and related causes of importance were as follows:

Suicide by Paris Greeps.

Date of onset

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 6-14 1932
Where did injury occur? Get Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. S. Bunney, M. D.
(Address) Miller Mo