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.

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

Do not use this space.

30674

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8345

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. Missouri Baptist Hosp. St. ..... Ward)

2. FULL NAME William Cletis Cambron

(a) Residence, No. 1839 Timberlake St., 12 Ward. St. Louis Co. Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 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 Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9-1906

7. AGE Years 26 Months 3 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yellow Cab Co
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 10 h

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Marys Mo.

FATHER
13. NAME Clarence Cambron
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville Mo.

MOTHER
15. MAIDEN NAME Ida Rankin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville Mo.

17. INFORMANT (ADDRESS) Nola Cambron 1839 Timberlake

18. BURIAL, CREMATION, OR REMOVAL Columbia Ill. DATE Sept 19 1932

19. UNDERTAKER (ADDRESS) Chas F Stuart 1225 Union Blvd

20. FILED SEP 17 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to Sept 16, 1932
I last saw him alive on Sept 16, 1932. Death is said to have occurred on the date stated above, at 6:05 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Urinary Tract. (Pulmonary).	?
23	?
23	
30	

Other contributory causes of importance:
Secondary hammonclase.
Epicatory failure.

Name of operation Nephrectomy Date of Aug 31-1932.
What test confirmed diagnosis? Microscopic 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) David Burford Statsman, M. D.
(Address) 234 University Club
St Louis Mo.

JE 8394
Gr 6080