

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

Do not use this space.

16377

**1. PLACE OF DEATH**

County Jackson Registration District No. 1902  
 Township East Primary Registration District No. 1902  
 City Kansas City (No. 4120, Kanoke Road) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Allen Eugene Cameron, Sr.  
 (a) Residence, No. 4120 Kanoke Rd. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**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 Mrs. Millie Cameron

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 6, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
71 1 26

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

13. NAME Allen Cameron

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Matha Pangborn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs. Edith Johnston  
4120 Kanoke Rd. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 5/4/35

19. UNDERTAKER (ADDRESS) J. V. Lindsey & Sons  
3811 Broadway K.C. Mo.

20. FILED 5-3, 1935 M. M. Crowe, coast  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1935, to May 2, 1935.  
 I last saw him alive on May 2, 1935. Death is said to have occurred on the date stated above, at 5:05 P.M.  
 The principal cause of death and related causes of importance were as follows:

Lobar pneumonia (Right Lower lobe) Date of onset 4/25/35  
108

Other contributory causes of importance:  
Myocarditis (Senile)  
Atherosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Clinical 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) G. C. Gillingham, M.D., M. D.  
 (Address) 1002 Argyle Bldg.

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.

Dr Esslinger  
2:30 to 4:00  
Angie's study.