

AUG 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH25518
Do not use this space.

1. PLACE OF DEATH

(a) County Camden Registration District No. 288
 (b) Township _____ Primary Registration District No. 4172 Registered No. _____
 (c) City or Camden, Mo. (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

362 Belle Sturgian
 (a) Residence, No. 712 Forest St. Camden, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luther Ferguson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23-1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 11 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. House work
 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) Ill
 FATHER 13. NAME James L. Lane
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
 MOTHER 15. MAIDEN NAME Phie Greenway
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
 17. INFORMANT (ADDRESS) Henry Southerin Camden, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE 7-11 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leah Lund Co. Camden, Mo. 71169
 20. FILED 7-13 1939 Whitcomb Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10 1939

22. I HEREBY CERTIFY, That I attended deceased from

July 1 1938, to July 10 1939I last saw him alive on July 10 1939 Death is saidto have occurred on the date stated above, at 8:30 a.m.

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

metastatic carcinoma of right pleural lung

Date of onset

Other contributory causes of importance:

Abdominal carcinomaName of operation Abdominal tumor Date of 9-1938What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) Paul Schneider, M. D.261 (Address) Camden, Mo.

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RECEIVED

District Health Officer No. 3,

District File Number 839-506

Date Filed 8/9/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

255-18

Do not use this space.

1. PLACE OF DEATH
(a) County Deerfield Registration District No. 288
(b) Township..... Primary Registration District No. 4172 Registered No.....
(c) City Hennett (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Belle Sturgian
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 11 17

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

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

13. NAME

MOTHER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED..... 19.....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10, 1939

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.....m.
The principal cause of death and related causes of importance were as follows:
metastatic Carcinoma Date of onset
of Tight Pleura and Lung
abdominal Carcinoma
Primary Seat of Malignancy - (Tumor)
Other contributory causes of importance:
operation Sept 1938
Name of operation..... Date of.....
What was removed?..... Was there an autopsy?.....
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..... n.m.o.
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify Paul Baldwin, M. D.
(Signed) Hennett Mo
(Address)

SUPPLEMENTARY

Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-25518 1739