FILED FEB 12 1940

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

1687

Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
Registration District No. 85
(b) Township
Primary Registration District No. 1001
Registered No. 18
(c) City St. Joseph,
(d) Street No. St. Joseph's Hospital, 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. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 565 Raymond G. Cameron,
(a) Residence, No. St. Lenox, Iowa,
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ellen M. Cameron,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 23, 1889.
7. AGE: YEARS 50, MONTHS 0, DAYS 13; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer,
9. Industry or business in which work was done, as saw mill, bank, etc.: Farm,
10. Date deceased last worked at this occupation (month and year): January 1940
11. Total time (years) spent in this occupation: 29

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Taylor County, Iowa,

FATHER
13. NAME: Elwin Cameron,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Illinois,

MOTHER
15. MAIDEN NAME: Margaret Haley,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Iowa,

17. INFORMANT (ADDRESS): Mrs. R. G. Cameron Lenox, Iowa,
18. ~~BURIAL, CREMATION, OR~~ REMOVAL Removal
PLACE Lenox, Iowa, DATE Jan'y 6th, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Heaton - McGale - Bowman Funeral Home 319 So. 10th. Str.
20. FILED Jan 6 1940 H. J. Nestlebush 85 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany 6th, 1940
22. I HEREBY CERTIFY, That I attended deceased from January 4, 1940 to January 6, 1940
I last saw him alive on January 5, 1940 Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease, arteriosclerotic	?
Myocarditis, Chr.	
59	
Other contributory causes of importance:	
Diabetes Mellitus	20 yr.
Pleurisy, acute, infection	4 mos.
(Bacterium unidentified)	

Name of operation - Date of -
What test confirmed diagnosis? Findings 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) H. W. Earle, M. D.
(Address) Phys. & Surgs. Bldg., St. Joseph, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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.

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, 1-6-40

..... or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Wm E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 S. 10 St Joseph M

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

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