MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FILED MAR 18 1940

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

6269
Do not use this space.

1. PLACE OF DEATH
(a) County Chariton — Registration District No. 174
(b) Township Yellowcreek — Primary Registration District No. 4103 — Registered No.
(c) City Rothville — (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 James Frank Cameron
(a) Residence, No. Rothville Mo. 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

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cora J Cameron

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby 5/1867

7. AGE: YEARS 73 — MONTHS 0 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

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. Merchant
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): Zionsville Ind

FATHER
13. NAME: Felix A Cameron
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Benton Tenn

MOTHER
15. MAIDEN NAME: Camilla Mower
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Zionsville, Ind

17. INFORMANT (ADDRESS): Lee Cameron, Rothville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rothville Mo. DATE Feby 11 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): S. L. Leipard, Mendon Mo.

20. FILED Feby 12 1940 — C. D. Stratton, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 27th 1939, to Feb 8th, 1940
I last saw him alive on Feb 8th, 1940. Death is said to have occurred on the date stated above, at 9 P M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis about 1938	
Other contributory causes of importance:	
Influenza	1-30-40

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) U. G. Buck, M. D.
(Address) Rothville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-15-40

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 S. L. Leupold

Licensed Embalmer No. 3970

P. O. Address Meadow Mo

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.