

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

Do not use this space.

DEC 14 1934

38979

1. PLACE OF DEATH

County DeKalb Registration District No. 4461
 Township Rock Primary Registration District No. 262
 City Union Star (No. _____) St. _____ Ward _____

12. FULL NAME Robert Milton Campbell

(a) Residence, No. Union Star Mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 6 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroader
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 2 years ago 11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Faucett, Mo.

13. NAME Robert M. Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winston Salem North Carolina

15. MAIDEN NAME Susan Caroline Russell

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

17. INFORMANT (ADDRESS) Homer M. Campbell King City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE Nov. 19 1934

19. UNDERTAKER (ADDRESS) Mrs. Lucile M. Wilson King City, Mo.

20. FILED 11-19 1934 G. W. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1933 to November 16, 1934
 I last saw him alive on November 16, 1934. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

Chronic Myocarditis
Chronic interstitial nephritis
 Date of onset _____

Other contributory causes of importance: _____
 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? _____
 If so, specify _____
 (Signed) Butler S. Rockwood M.D.
 (Address) Union Star, Mo.

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.

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