

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

PLACE OF DEATH

County Marion Co.  
Township Round Grove.  
or near Hector  
Village Hector  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 551  
~~5744~~  
File No. 32016  
Primary Registration District No. 5744  
Registered No. 21

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Jessie P. Campbell

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE  MARRIED  WIDOWED  OR DIVORCED  Married  
(Write the word)  
DATE OF BIRTH July 18, 1874  
(Month) (Day) (Year)  
AGE 44 yrs. 2 mos. 6 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

DATE OF DEATH Sept 10, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 5, 1911, to Sept 10, 1911, that I last saw her alive on Sept 10, 1911, and that death occurred, on the date stated above, at 1225 N. 15th. The CAUSE OF DEATH\* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

Organic Heart Failure  
79  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

BIRTHPLACE (City or town, State or foreign country) Marion Co. Mo.

Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PARENTS NAME OF FATHER Andrew W. Johnson  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Indiana  
MAIDEN NAME OF MOTHER Melissa M. Johnson  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Marion Co. Mo.

(Signed) J. E. Hume M. D.  
Sept 11, 1911 (Address) Waywood Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John W. Campbell  
(ADDRESS) Palmyra R 1

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted if not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

Filed Sept. 16, 1911 J. M. Crebs REGISTRAR

PLACE OF BURIAL OR REMOVAL Hector Cem DATE OF BURIAL Sept 12, 1911  
UNDERTAKER W. H. Leach ADDRESS Waywood

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.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



## PLACE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

County

Marion

Township

Round Grove

Registration District No.

5-5-1

File No.

Village

Primary Registration District No.

5744

Registered No.

21

City (NO. St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

Jessie P Campbell

## PERSONAL AND STATISTICAL PARTICULARS

SEX female	COLOR OR RACE white	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) married
DATE OF BIRTH July 4, 1867 (Month) (Day) (Year)		
AGE 44 yrs 2 mos 6 ds. If LESS than 1 day, hrs. or min.		

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH  
Sept 10, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 5, 1911, to Sept 10, 1911, that I last saw him alive on Sept 10, 1911, and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH\* was as follows:

Organic Heart Disease  
Primary cause was  
Malaria from a Remittent Malaria  
(Duration) yrs. mos. 5 ds.

Contributory

(SECONDARY) (Duration) yrs. mos. ds.

(Signed) J. C. Munn M. D.  
Sept 11, 1911 (Address) Maywood Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted  
If not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

Hutes Cem

DATE OF BURIAL

Sept 12, 1911

UNDERTAKER

W. H. Leach

ADDRESS

Maywood

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

John W Campbell

(ADDRESS)

Palmyra R 1

Filed

Nov 1, 1911

J. M. Crub

REGISTRAR

Original file, date

SEP 16 1911

All information called for must be written on this Supplementary Certificate.

ORIGINAL FILED IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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