

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

PLACE OF DEATH

County Polk  
Township Moberly  
or  
Village  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 710  
Primary Registration District No. 6939

File No. 40231  
Registered No. 23

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

FULL NAME W. J. Campbell

PERSONAL AND STATISTICAL PARTICULARS

|   |  |  |
|---|--|--|
| SEX<br><u>Male</u>  | COLOR OR RACE<br><u>White</u>  | SINGLE<br>MARRIED <u>married</u><br>WIDOWED<br>OR DIVORCED<br>(Write the word) |
| DATE OF BIRTH<br><u>June 20, 1858</u><br>(Month) (Day) (Year)   |  |  |
| AGE<br><u>57 yrs. 5 mos. 13 ds.</u>   |  | IF LESS than<br>1 day, ___ hrs.<br>or ___ min.?                                |
| OCCUPATION<br>(a) Trade, profession, or particular kind of work <u>Treasurer</u><br>(b) General nature of industry, business, or establishment in which employed (or employer) <u>10070</u> |  |  |
| BIRTHPLACE<br>(City or town, State or foreign country) <u>Green in Tenn</u>   |  |  |
| PARENTS   | NAME OF FATHER<br><u>Joshua Campbell</u>                                     |  |
|   | BIRTHPLACE OF FATHER<br>(City or town, State or foreign country) <u>Tenn</u> |  |
|   | MAIDEN NAME OF MOTHER<br><u>Sarah Campbell</u>                               |  |
|   | BIRTHPLACE OF MOTHER<br>(City or town, State or foreign country) <u>Tenn</u> |  |

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 23, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec. 22, 1912, to Dec. 23, 1912 that I last saw him alive on Dec. 23, 1912 and that death occurred, on the date stated above, at 108 m.

The CAUSE OF DEATH\* was as follows:  
Pneumonia  
108 ✓  
(Duration) yrs. mos. 0 ds.

Contributory (SECONDARY) Tuberculosis  
(Duration) yrs. mos. ds.  
(Signed) H. C. Sundry M. D.  
191 (Address)

\*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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Payne  
(ADDRESS) Pleasant Hope

Filed Dec. 24, 1912 H. C. Sundry  
REGISTRAR

PLACE OF BURIAL OR REMOVAL Rock Prairie Cem DATE OF BURIAL 12-25, 1912

UNDERTAKER Wm Boyer ADDRESS Pleasant Hope  
Mob

CAUSE OF DEATH should be reported to the Registrar. The cause of death should be stated exactly. If the cause of death is very important, it should be properly classified. Exact statement of OCCUPATION is very important.

# 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, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, 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.)

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

B. Every item of information should be carefully checked and verified so that it may be correctly classified. AG 34th. Statement of G. L. ... should state ...

PLACE OF DEATH

County Polk  
Township Mooney  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Registration District No. 710 File No. \_\_\_\_\_  
Primary Registration District No. 5939 Registered No. 23

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

FULL NAME

A. J. Campbell

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED married  
(Write the word)  
DATE OF BIRTH June 30, 1855  
(Month) (Day) (Year)  
AGE 57 yrs. 5 mos. 23 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 23, 1912  
(Month) (Day) (Year)  
I HEREBY CERTIFY, that I attended deceased from Dec. 22, 1912, to Dec. 23, 1912, that I last saw him alive on Dec. 23, 1912, and that death occurred, on the date stated above, at 6 p. m.  
The CAUSE OF DEATH\* was as follows:

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

Pneumonia lobus

BIRTHPLACE (City or town, State or foreign country) Green Co. Tenn.

(Duration) \_\_\_ yrs. \_\_\_ mos. 3 ds.

PARENTS  
NAME OF FATHER Joshua Campbell  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn.  
MAIDEN NAME OF MOTHER Sarah Campbell  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn.

Contributory Tuberculosis of lung  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) H. V. Russell M. D.  
Dec. 23, 1912 (Address) Pleasant Hope

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) John Payne  
(ADDRESS) Pleasant Hope

\*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 \_\_\_\_\_

Filed Dec 24, 1912 H. G. Lundy REGISTRAR

PLACE OF BURIAL OR REMOVAL Rock Prairie Cem. DATE OF BURIAL 12-20, 1912  
UNDERTAKER Wm Praytor ADDRESS Pleasant Hope

# 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, Compositor, 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*.

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*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 "Asthma," "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.)

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