

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.

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

PLACE OF DEATH
County Ruby
Township Johnson
or Johnson
Village Johnson
or
City Johnson (NO. 1)

Registration District No. 754 File No. 2062745
Primary Registration District No. 5988 Registered No. 8
St. 1 Ward 1 [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME W. W. Campbell

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	"SINGLE" -MARRIED WIDOWED OR DIVORCED (Write the word) <u>widowed</u>
DATE OF BIRTH <u>Sept 15 1836</u> (Month) (Day) (Year)		
AGE <u>76</u> yrs. <u>4</u> mos. <u>1</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Wagon maker</u> (b) General nature of industry, business, or establishment in which employed (or employed by) <u>Iron blocksmithing</u>		
BIRTHPLACE <u>Charleston, Cole Co. Mo.</u> (City or town, State or foreign country) <u>Illinois</u>		
PARENTS	NAME OF FATHER <u>Eugenio Campbell</u>	
	BIRTHPLACE OF FATHER <u>Mecklinburg Co W. Carolina</u> (City or town, State or foreign country)	
	MAIDEN NAME OF MOTHER <u>Rhoda Dickey</u>	
	BIRTHPLACE OF MOTHER <u>York District S. Carolina</u> (City or town, State or foreign country)	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nellie Campbell Dick
(ADDRESS) Doniphan Mo.
Filed 6/30 1913 A. White
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct, 1912, to Jan 15, 1913, that I last saw him alive on Dec 23, 1912, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH was as follows:
fibrous Prostatitis
circumferential from
age

Contributory Heart
(SECONDARY) (Duration) 112 yrs. 11 mos. 20 ds.

(Signed) A. D. Proctor M. D.
Jan 17 1913 (Address) Doniphan 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. 13 ds. In the 3 yrs. ___ mos. 9 ds.
Where was disease contracted If not at place of death? Illinois
Former or usual residence Westfield, Illinois

PLACE OF BURIAL OR REMOVAL Doniphan Mo. DATE OF BURIAL Jan 16 1913
UNDERTAKER J. R. Wright ADDRESS Doniphan Mo.

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*.

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*, *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.)



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MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

PLACE OF DEATH
County Repley
Township Johnson
or Village Fermont
or City _____ (NO. _____) St. _____ Ward _____

Registration District No. 754 File No. 45
Primary Registration District No. 5988 Registered No. 8

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

FULL NAME ~~William W~~ Campbell

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male Satisfactory Information Supplied
COLOR OF RACE White
MARRIAGE Widowed
DATE OF BIRTH September 14, 1836
AGE 76 yrs. 4 mos. 1 ds.

DATE OF DEATH Jan. 15, 1913
I HEREBY CERTIFY, that I attended deceased from October 1912, to Jan 15, 1913, that I last saw him alive on November 23, 1912, and that death occurred, on the date stated above, at _____

OCCUPATION (a) Trade, profession, or particular kind of work Wagon Maker
(b) General nature of industry, business, or establishment in which employed (or employer) General Hardware

CAUSE OF DEATH* was as follows:
Fibrous Bronchitis
Senescent debility from
age

BIRTHPLACE (City or town, State or foreign country) Charlottesville, Va.
NAME OF FATHER Erasmus Campbell
BIRTHPLACE OF FATHER (City or town, State or foreign country) Northampton, Va.
MAIDEN NAME OF MOTHER Wanda Wicks
BIRTHPLACE OF MOTHER (City or town, State or foreign country) York District, Va.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) S. A. Proctor M. D.
117, 1913 (Address) Doniphan, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mellie Campbell Oak
(ADDRESS) Doniphan, Mo.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death, _____ yrs. _____ mos. 13 ds. State 3 yrs. 5 mos. 9 ds.
Where was disease contracted if not at place of death? Illness
Former or usual residence Wheatfield, Va.

Filed June 30, 1913
REGISTRAR Stew White

PLACE OF BURIAL OR REMOVAL Doniphan Cem
DATE OF BURIAL 1/14, 1913
UNDERTAKER J. R. Wright
ADDRESS Doniphan, Mo.

Revised United States Standard Certificate of Death

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

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