

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

Do not use this space.

35815

1. PLACE OF DEATH

County..... Stone
Township..... Ruth
City..... (No.) St. Ward)

Registration District No. 845
Primary Registration District No. 6108

File No.
Registered No.

2. FULL NAME

Fanny Rebecca Campbell

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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 Riley Campbell

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

Feb. 9 1869

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|-------|--------|------|----------------------------------|
| 59 | 9 | 3 | |

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kansas

10. NAME OF FATHER

Simon Fees

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER

Fanny Alexander

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Don't know

14.

INFORMANT Riley Campbell
(Address) Needs Springs Mo.

15.

FILED Oct 13 1928 H. S. Schmitt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Oct 12 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 1 1928 to Oct 12 1928 that I last saw her alive on Oct 11 1928, and that death occurred, on the date stated above, at 11 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bright's Disease
131
1290
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: for

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis

(Signed) [Signature], M. D.
Oct 13, 1928 (Address) Needs Springs Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Yocum Paul Cemetery Oct 14 1928

20. UNDERTAKER ADDRESS
Mrs Hattie Stults Needs Springs Mo

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.

1928

