

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

Do not use this space.

3791

1. PLACE OF DEATH

County Wear Co Registration District No. 86
 Township Boonville Primary Registration District No. 42
 City Boonville (No. _____) St. _____ (Ward) _____

2. FULL NAME Lois Willhite Campbell

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

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 8 23

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Texas County
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Willhite

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Mary Jane Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

14. INFORMANT Lois Campbell
 (Address) Hariston mo

15. FILED 1-27-34 W. H. H. H. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 26 1930, to Jan 26 1930, that I last saw h. alive on Jan 28 1930, and that death occurred, on the date stated above, at 11 0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberc Pneumonia
109

CONTRIBUTORY (SECONDARY) 10/10

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. A. Covert, M. D.

, 19 _____ (Address)

*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 Oak Hill DATE OF BURIAL Jan 29 19 30

20. UNDERTAKER Lloyd V. Elliott ADDRESS Capron

20 1930

235

31

Exact transcription

property classified.

