

RECORD - 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

Do not use this space.

33885

0661 87 AON
1930

1. PLACE OF DEATH

County Ripley
Township Douglas
City Douglas (No. 4431)

Registration District No. 750
Primary Registration District No. 750

File No. 10
Registered No. 995
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Douglas St., no. 1 Ward _____

Length of residence in city or town where death occurred 30 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED 'HUSBAND OF (OR) WIFE OF Glora Cassidy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 31-1886

7. AGE YEARS 44 MONTHS 6 DAYS 22 IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

10. NAME OF FATHER S. P. Campbell

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

12. MAIDEN NAME OF MOTHER James Thapton

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

14. INFORMANT P. C. Yofort
(Address) Douglas Mo.

15. FILED 10/24/30 E. C. Johnston REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 10 1930, to Oct 22 1930 that I last saw him alive on Oct 22 1930 and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Perniciou anemia

7 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

580 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Lab.

(Signed) Clifford Yofort, M. D.
, 10 (Address) Douglas Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clay Ridge Cem. DATE OF BURIAL 10/23/30

20. UNDERTAKER E. C. Jordan ADDRESS Douglas Mo.

