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

Do not use this space.

38382-3 (C)

1. PLACE OF DEATH

County: Worth — Registration District No.: 903 — File No.:

Township: Fletchall — Primary Registration District No.: 6212 — Registered No.: 7

City: ~~Grant City~~ (No. ..... St. ..... Ward)

2. FULL NAME Georgia Mae Campbell

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

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.

38382-3 MAR 27 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F.	W.	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 5, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	54	11	13	

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): Allendale Mo.

PARENTS

10. NAME OF FATHER: Richard Perry Wilkerson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois
12. MAIDEN NAME OF MOTHER: Mary Goule
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know Illinois

14. INFORMANT: Arch Campbell
(Address) Grant City Mo

15. FILED 11/18, 1930 John Andrews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1930, to Nov 18, 1930, that I last saw her alive on Nov 18, 1930, and that death occurred, on the date stated above, at 2:15 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemoplegia
(duration) ..... yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Hypertension
(duration) 2 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? Typical Findings
(Signed) R. J. Ross, M. D.
11/18, 1930 (Address) Grant City 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
Grant City Cemetery	11/19 1930
20. UNDERTAKER	**ADDRESS**
Arch C. Dunfee	Grant City

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.