

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

Do not use this space.

1169

1. PLACE OF DEATH

County Jackson Registration District No. 298
 Township Blue Primary Registration District No. 5554
 City Independence No. Jackson St. _____ Ward _____

File No. _____
 Registered No. 17
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Jackson Rt. 2 St. _____ Ward _____
 (Usual place of abode)
 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 Male
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 31 1843
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 9 10
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (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) Ky 2
 10. NAME OF FATHER Wm Campbell
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ky
 12. MAIDEN NAME OF MOTHER Nancy K. Bledsoe
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ky

14. INFORMANT Mrs Susie Campbell
 (Address) Pleasant Hill Mo
 15. FILED 1-12-1931 Ed Cook
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-10 1931
 17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
89B Brain Cyst
nonmalignant / Ruptured
CFE
10/10/30 (duration) yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) Venous thrombosis
 (duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) E. C. Cummings, M. D.
1-11-1931 (Address) Independence

*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 Pleasant Hill DATE OF BURIAL 1-13 1931
 20. UNDERTAKER W W Hon ADDRESS Pleasant Hill

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.

FEB 23 1931

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