

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.

REAR 97 909

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

Do not use this space.

4412

1. PLACE OF DEATH

113 County, *North*  
2 Township, *Wentworth*  
City, *Wentworth* (No. *1*)

Registration District No. *903*  
Primary Registration District No. *HJ-4U*

File No. *5*  
Registered No. *5*  
St. *Mo.* Ward

2. FULL NAME

(a) Residence. No. *1* St. *Mo.* Ward. *1*  
(Usual place of abode)  
Length of residence in city or town where death occurred *15* yrs. *0* mos. *0* ds. How long in U.S., if of foreign birth? *15* yrs. *0* mos. *0* 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 *W. R. Wiley*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec 18, 1846*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, *hrs.* or *mins.*  
*84* *1* *9*

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) *Lonestar*  
(STATE OR COUNTRY) *Mo.*

10. NAME OF FATHER *Alfred Campbell*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Donk Mo*  
(STATE OR COUNTRY) *Indiana*

12. MAIDEN NAME OF MOTHER *Marion Blake*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Donk Mo*  
(STATE OR COUNTRY) *Indiana*

14. INFORMANT (Address) *Joe Hall*  
*Wentworth City, Mo.*

15. FILED *1-28-31* 19 *31* *John Clearens*  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan - 27 1931*

17. I HEREBY CERTIFY That I attended deceased from *Jan - 20* 19*31* to *Jan 27* 19*31*  
That I last saw *her* alive on *Jan 27* 19*31* and that death occurred, on the date stated above, at *10:40* P.  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Mitral regurgitation*  
*778*  
*116*

CONTRIBUTORY (SECONDARY) *Influenza*  
(duration) *1* yrs. *0* mos. *0* ds.

18. WHERE WAS DISEASE CONTRACTED *At home*  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? *No* DATE OF *1-28-31*  
WAS THERE AN AUTOPSY? *No*  
WHAT TEST CONFIRMED DIAGNOSIS? *Spiced Throats*  
(Signed) *J. Rose* M. D.  
*Wentworth 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 *Isabelle Cemetery* DATE OF BURIAL *1-29 1931*

20. UNDERTAKER *Arch C. Dunfee* ADDRESS *Wentworth City*

