

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

Do not use this space.

20526

1. PLACE OF DEATH

County Benton
Township Fristoe
City (No. _____) _____

Registration District No. 64
Primary Registration District No. 3100

File No. _____
Registered No. 1 St. _____ Ward _____

2. FULL NAME

James A. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 15 - 1861

7. AGE	YEARS			If LESS than 1 day, _____ hrs. or _____ min.
	YEARS	MONTHS	DAYS	
	<u>78</u>	<u>3</u>	<u>10</u>	

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) Virginia

PARENTS

10. NAME OF FATHER Chas. Campbell

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

12. MAIDEN NAME OF MOTHER Julia Lyle

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

14. INFORMANT C. C. Campbell

(Address) Fristoe, Mo.

15. FILED June 27 1931 M. C. Watson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1931

17. I HEREBY CERTIFY, That I attended deceased from May 1 1931 to June 25 1931 that I last saw him alive on June 23 1931, and that death occurred, on the date stated above, at 5:10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
Probable (duration) 6 yrs. - mos. - ds.
CONTRIBUTORY Senility (SECONDARY) (duration) _____ yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

19. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) James L. Logan, M. D.

6/25 1931 (Address) Warsaw, 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

Fristoe Cemetery June 26 1931

20. UNDERTAKER

ADDRESS

James W. Ketchum Fristoe Mo.

Every item of information should be carefully supplied. Physicians should state EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. PLACE OF DEATH in plain terms, so that it may be properly classified.

JUL 22 1931

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