

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

Do not use this space.

25417

**1. PLACE OF DEATH**

County Jasper  
Township Webb City  
City Webb City (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward)

Registration District No. 417  
Primary Registration District No. 3021

File No. \_\_\_\_\_  
Registered No. 67

**2. FULL NAME**

(a) Residence, No. 410 E. 4th 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 widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 9 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Missouri

13. NAME John Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Foulton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs Maud Twist  
Cuba, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cartersville DATE July 19, 1931

19. UNDERTAKER (ADDRESS) Steele Und. Co.  
Webb City, Mo.

20. FILED 7/18 1931 R. M. Stewart Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-11, 1931, to 7-5, 1931

I last saw him alive on 7-5, 1931 Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic indocorditis

G. B. J. J. J.

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1931

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. L. Longrey, M. D.  
(Address) Webb City, Mo.

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.  
AUG 26 1931

