

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.

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

Do not use this space.

38631

## 1. PLACE OF DEATH

County Chester

Registration District No. 711

Township Union

Primary Registration District No. 5940

City Union

File No. 33

Registered No. 2

St. Mo. Ward 3

## 2. FULL NAME

William Jefferson Campbell

(a) Residence, No. Union

St. Mo.

Ward 3

(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)

Married

### 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Alma Campbell

### 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

3-13-1861

### 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

70

8

6

OCCUPATION

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

Farmer

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)

Mo.

FATHER

### 13. NAME

William Campbell

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

Unknown

MOTHER

### 15. MAIDEN NAME

Unknown

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

Unknown

### 17. INFORMANT (ADDRESS)

Cornell Campbell  
Union Mo.

### 18. BURIAL, CREMATION, OR REMOVAL

PLACE fox crasing DATE 11-20

### 19. UNDERTAKER (ADDRESS)

Fred A. Gilbert  
Union Mo.

### 20. FILED

Nov 20 1931 A. S. Luck

Registrar.

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

11-19 1931

### 22. I HEREBY CERTIFY, That I attended deceased from

Oct 29 1931 to Nov 15 1931

I last saw him alive on Nov 15 1931. Death is said to have occurred on the date stated above, at 4 P. m.

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

Typhoid Fever

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

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

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)

S. S. Chenoweth

M. D.

(Address)

Union Mo.

