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

Do not use this space.

39995

1. PLACE OF DEATH
County: Worth
Township: Fletchall
City: Grant City (No. ..... St. ..... Ward)

Registration District No. 903
Primary Registration District No. 4548

File No. .....
Registered No. 29

2. FULL NAME: Arch Monroe 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 40 yrs. mos. ds., How long in U. S., if of foreign birth? yrs. mos. ds.

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: Georgia Mae Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 24, 1872

7. AGE: Years 59 | Months 1 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: R.R. Dismantler
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): Nov. 1931
11. Total time (years) spent in this occupation: 19 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Allendale, Mo.

FATHER
13. NAME: Chester Campbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Delaware

MOTHER
15. MAIDEN NAME: Luiza Hause
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dent Mace Ill

17. INFORMANT (ADDRESS): Lawson Campbell, Grant City

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Grant City Cemetery DATE: 11-26, 1931

19. UNDERTAKER (ADDRESS): Jack C. Dunlee, Grant City

20. FILED 11-25, 1931 John Andrews, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1931, to Nov. 24, 1931, (last saw living alive on Nov. 24, 1931. Death is said to have occurred on the date stated above, at 2:00 p.m.

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

Fracture Skull — Date of onset Nov. 23, 31
Driving car one hoss — Dark, ran over by Person driving automobile Co. Fast, In Grant City Mo. 7 PM

Other contributory causes of importance: Following Automobile accident

Name of operation: ✓ Date of: ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov. 23 1931
Where did injury occur? Grant City Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury: Fracture Skull
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) S. Hess, M. D.
(Address) Grant 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.