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.

40615

1. PLACE OF DEATH
County: Gentry
Township: Jackson
City: King City (No. ..... St. ..... Ward)

Registration District No. 312
Primary Registration District No. 4188

File No. .....
Registered No. 24

2. FULL NAME: Mary Catherine 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: 6 Mo. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
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. C. Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 20 1848

7. AGE: Years 83. Months 11 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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 23 31
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clinton Co Mo

FATHER
13. NAME: Samuel Marsh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Rebecca Thornsberry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Jas E Campbell King City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Berlin DATE: 12-11 1931

19. UNDERTAKER (ADDRESS): R H Taggart King City Mo

20. FILED: Dec 11 1931 A W Paulette Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 9 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 22 1931, to Dec 9 1931
I last saw her alive on Dec 8 1931. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 22 1931
82A	
97	

Other contributory causes of importance:

Arteriosclerosis	3 yrs ago

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 ....., 19.....
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? No
If so, specify .....
(Signed) A W Paulette, M. D.
(Address) King City Mo