

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

Do not use this space.  
*Campbell* 41794

**1. PLACE OF DEATH**

County *Peters* Registration District No. *665*  
Township *Sedalia* Primary Registration District No. *3932*  
City *Sedalia* (No. *Bohannell Hosp.*)

File No. \_\_\_\_\_  
Registered No. *346* St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. *514 E 3rd* 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 <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mary M. Couch</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>OCT 6 1861</i>		
7. AGE	YEARS <i>70</i>	MONTHS <i>2</i>
	DAYS <i>2</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Elevator Op.</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Sedalia Trust Co.</i>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>
	13. NAME <i>Alvin M. Couch</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>
	15. MAIDEN NAME <i>King</i>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>
	17. INFORMANT (ADDRESS) <i>Peggy M. Couch Cal home no</i>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Woods</i> DATE <i>12/10 31</i> 19
	19. UNDERTAKER (ADDRESS) <i>Hilltop Hill Home Sedalia, Mo.</i>
20. FILED <i>12-10 1931</i>	Registrar. <i>J. J. Fava</i>

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 8 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 16th 1931*, to *Dec 8th 1931*  
I last saw him alive on *Dec 8 1931*. Death is said to have occurred on the date stated above, at *9 P. M.*  
The principal cause of death and related causes of importance were as follows:  
*Diabetic gangrene* Date of onset *59*  
*15685*

Other contributory causes of importance:  
*gangrene coming death of foot  
necrotizing amputation  
that was amputated at thigh Dec 6th*

Name of institution \_\_\_\_\_ of \_\_\_\_\_  
What test confirmed diagnosis? *Keloid* Was there an autopsy? *No*

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. J. Campbell*, M. D.  
(Address) *Sedalia, Mo.*

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.

