

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

Do not use this space.

1. PLACE OF DEATH

County Bushannon Registration District No. 85
Township Primary Registration District No. 1001
City St. Joseph (No. St. Joseph Hospital)

File No. 240
Registered No. 80
St. Ward)

2. FULL NAME

Dorothy Elizabeth Campfield
(a) Residence. No. St., Ward, Centralia, Kans.
(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 <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>	
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 1918</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.	
	<u>14</u>	<u>7</u>	<u>None</u>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Student</u>					
(b) General nature of industry, business, or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (CITY OR TOWN) <u>Osceola, Kans.</u> (STATE OR COUNTRY) <u>Kansas</u>					
10. NAME OF FATHER <u>Clair T. Campfield</u>					
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Seneca</u> (STATE OR COUNTRY) <u>Kans.</u>					
12. MAIDEN NAME OF MOTHER <u>Frances Herman</u>					
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Osceola</u> (STATE OR COUNTRY) <u>Kans.</u>					

MEDICAL CERTIFICATE OF DEATH

4
16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-22, 1932
17. I HEREBY CERTIFY, That I attended deceased from 1-8, 1932, to 1-22, 1932, that I last saw h. alive on 1-21, 1932, and that death occurred, on the date stated above, at 4:30 A.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia following Carbuncle of lower lip
(duration) yrs. mos. 14 ds.
18. WHERE WAS DISEASE CONTRACTED
Home (IF NOT AT PLACE OF DEATH)
19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1/5/32
20. WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Blood cultures + spec.
(Signed) M. H. Galt M. D.
, 19 (Address) St. Joseph's Hosp. St. Joseph, Mo.

14. INFORMANT C. S. Campfield
(Address) Centralia, Kansas
15. FILED JAN 22 1932 John H. Bender REGISTRAR
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Centralia, Kansas DATE OF BURIAL Jan 22, 1932
20. UNDERTAKER Fleeman Funeral Home ADDRESS 1946 Calhoun

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.

23 1932

