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

Do not use this space.

7897

1. PLACE OF DEATH
29 County Dade — Registration District No. 237 — File No.
Township — Primary Registration District No. 4144 — Registered No. 11
3 City Greenfield (No. ..... St. ..... Ward)
2

2. FULL NAME Marie Marie Campbell
(a) Residence. No. Bronis Hospital St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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.

APR 26 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: John T. Campbell

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 11, 1913

7. AGE: YEARS 18 — MONTHS 10 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 2550
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cedar County Missouri

PARENTS
10. NAME OF FATHER: R. M. Boyd
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dade Co. Missouri
12. MAIDEN NAME OF MOTHER: Sarah Luisa Dodson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dade Co., Mo.

14. INFORMANT (Address): R. M. Boyd

15. FILED 3-8, 1932 — Stockton Mo. E. O. Ball, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 7 1932

17. I HEREBY CERTIFY, That I attended deceased from 3-7-32 3-8-32, 1932 to ....., 19.... that I last saw her alive on 3-8, 1932 and that death occurred, on the date stated above, at 10 a.m. m.

23A THE CAUSE OF DEATH* WAS AS FOLLOWS:
11A
Pul Tuberculosis (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Influenza (duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: At home
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Xray
(Signed) F. G. Brown M. D.
, 19 (Address) Greenfield Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Gum Springs — DATE OF BURIAL: Mar. 8 1932

20. UNDERTAKER: W. C. Davis & Co. — ADDRESS: Stockton