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

Do not use this space.

C23658
Campbell

File No. ____
Registered No. 162

1. PLACE OF DEATH
County: Pettis
Township: ____
City: Sedalia (No. 203 E 7th St.) ____ Ward)
Registration District No. 668
Primary Registration District No. 3032

2. FULL NAME: Susan Barge
(a) Residence, No. 203 E 7th 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 23 1855

7. AGE: Years 77 | Months 1 | Days 22 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year): ____
11. Total time (years) spent in this occupation: 67

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio ?

FATHER
13. NAME: Joshua Rhoads
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Mary Reardon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mrs W W Rodgers Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Zion DATE: 7/17 1932

19. UNDERTAKER (ADDRESS): Gillespie Fun. Home Sedalia Mo

20. FILED: 7-16 1932 J. B. Love, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 15 1932

22. I HEREBY CERTIFY, That I attended deceased from June 29 1932 to July 14th 1932
I last saw her alive on July 14th 1932. Death is said to have occurred on the date stated above, at 7 a.m. July 15th.
The principal cause of death and related causes of importance were as follows:

Grippe + General debility
Influenza
(1)

Date of onset

Other contributory causes of importance:
Bronchitis and extreme weakness from general debility incident to age

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

AUG 25 1932