

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

Do not use this space.

25688

104

1. PLACE OF DEATH
 24 County Clay Registration District No. 198
 2 Township Fishing River Primary Registration District No. 2011
 4 City Excelsior Springs (No. _____) St. _____ Ward _____
 2. FULL NAME Mattie L. Campbell
 (a) Residence, No. 215 Frances 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____

Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 James R. Campbell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 8 18
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 1932
 22. I HEREBY CERTIFY, That I attended deceased from May 17, 1932 to Aug 17, 1932
 I last saw him alive on Aug 11, 1932 Death is said to have occurred on the date stated above, at 8 P. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Pulmonary Tuberculosis
 Date of onset 4 years ago
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henderson Co., Illinois
 13. NAME Thomas Rankin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 15. MAIDEN NAME Letta Mae Mathers
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 17. INFORMANT (ADDRESS) James R. Campbell
 18. BURIAL, CREMATION, OR REMOVAL PLACE Stoughton, Ill. Date Aug 14, 1932
 19. UNDERTAKER (ADDRESS) Edgar F. Miller
214 Broadway
 20. FILED Aug 13, 1932 by J. D. Craven Registrar.

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Y
 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? _____
 If so, specify _____
 (Signed) John S. Grace, M. D.
 (Address) Excelsior Springs, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 22 1932

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Clay
Township Excelsior Spgs
City Excelsior Spgs (No.)

Registration District No. 198
Primary Registration District No. 3011

File No.
Registered No. 104
St. Ward)

2. FULL NAME

(a) Residence, No. St., Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 24 / 866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 15 18

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 104 19 32 J. D. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 19 32

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on, 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: Date of onset

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?.....
If so, specify.....

(Signed)....., M. D.

(Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. Every effort should be made to obtain information should be carefully supplied. AGE should be stated in EXACTLY PHYSICIAN'S terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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