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.

OCT 24 1932

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

Do not use this space.

28482

File No.
Registered No.

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 80
Township: Agency — Primary Registration District No.: 4048
City: (No. , St. Ward)

2. FULL NAME: Robert Lee Campbell
(a) Residence, No. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Campbell.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 2, 1864
7. AGE: Years 67 Months 10 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 237
10. Date deceased last worked at this occupation (month and year): 1922
11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan Co, Mo.

FATHER
13. NAME: James M. Campbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Martha Pemberton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Miss Edna Campbell Agency, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Agency. DATE: Sept 2, 1932
19. UNDERTAKER (ADDRESS): H. A. Sullivan Gower, Mo
20. FILED: Sept. 1, 1932 Mrs. Lucy Powell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 1, 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1932, to Aug 30, 1932
I last saw him 7 PM alive on Aug 30, 1932. Death is said to have occurred on the date stated above, at 6:23 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Lobar | |
| J18 | |
| 132A/08 | |

Other contributory causes of importance:
Prostate Disease (2)

Name of operation: no Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19
Where did injury occur? no
(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 W. Hurst D.O. ~~M.D.~~
(Address) Agency Mo