

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

Do not use this space.

31865

1. PLACE OF DEATH

35 County Dunklin Registration District No. 282
 2 Township _____ Primary Registration District No. 4166
 2 City Campbell (No. _____) St. _____ Ward _____

2. FULL NAME

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 1932

7. AGE YEARS _____ MONTHS 4 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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) Campbell mo (STATE OR COUNTRY)

FATHER 13. NAME Allen Bristol

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

MOTHER 15. MAIDEN NAME Ethel Parrant

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

17. INFORMANT Allen Bristol (ADDRESS) Campbell mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem. DATE 10-2 1932

19. UNDERTAKER E. W. Landis (ADDRESS) Campbell

20. FILED 10/2 1932 Bayan D. Fosay Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1st 1932

22. I HEREBY CERTIFY That I attended deceased from Sept 24 1932, to Oct 1st 1932

I last saw him alive on Oct 1 1932 Death is said

to have occurred on the date stated above, at 11:30 p.m.

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

Dis - Colitis Date of onset 9/24/32

119/19

Other contributory causes of importance:

Name of operation _____ 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? _____ 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) W. J. Bettle M. D.
 (Address) Campbell, Mo

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.

NOV 2 9 1932

