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.

JAN 9 1933

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

Do not use this space.

35457

1. PLACE OF DEATH

39 County Greene — Registration District No. 94+ — File No. 61

Township Jackson — Primary Registration District No. 5447B — Registered No. 61

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Lawrence Lavern 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26-1932

7. AGE — YEARS — MONTHS — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

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) Greene Co Mo

FATHER

13. NAME Lavern D. Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co Mo

MOTHER

15. MAIDEN NAME Vernetta Skidmore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co Mo

17. INFORMANT (ADDRESS) Lavern Campbell

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ....., 19....

19. UNDERTAKER (ADDRESS) .....

20. FILED Nov 28, 1932 A. B. Grier Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1932, to Nov. 26, 1932

I last saw him alive on Nov. 26, 1932 Death is said to have occurred on the date stated above, at 11 P. m.

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

Intra Cranial Hemorrhage — Date of onset 11/26/32

1600

Other contributory causes of importance: Labor (Breech)

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) R. H. Fisher MD, M. D.

(Address) Strafford Mo