

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

Do not use this space.

36135

**1. PLACE OF DEATH**

19 County Jeffer Registration District No. 413  
 Township General Primary Registration District No. 5559c  
 City St. Charles (No. \_\_\_\_\_) 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. 19 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Campbell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 25, 1881  
 7. AGE 51 YEARS MONTHS 3 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. Miner 16  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

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

MOTHER FATHER  
 13. NAME John Campbell

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

MOTHER FATHER  
 15. MAIDEN NAME Flora Pringle

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

17. INFORMANT Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Carl Junction DATE 11.24.1932

19. UNDERTAKER C. W. Williams (ADDRESS) Goodman Mo

20. FILED 11 23 1932 J. G. Weaver Registrar.

**MEDICAL CERTIFICATE OF DEATH**

1  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1932 to Nov 22, 1932  
 I last saw him alive on Nov 22, 1932 Death is said to have occurred on the date stated above, at 3<sup>30</sup> m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis  
23A  
 1930  
 Other contributory causes of importance:  
None

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Pos. Spm. Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_ (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? Miner  
 If so, specify \_\_\_\_\_  
 (Signed) Joseph E. Doyen, M. D.  
 (Address) St. Charles

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.

nd address Goodman Mo

2-1