

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

Do not use this space.

40403  
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**1. PLACE OF DEATH**

54 County L. Rayette Registration District No. 46  
6 Township Edgerton Primary Registration District No. 3024  
4 City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Lela Trayer 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or wife of) <u>Ralph W. Campbell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 16 - 1891</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>4</u>
	DAYS <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at Home</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>35</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Border Mo.</u>		
MOTHER	13. NAME <u>Jan M. Trayer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Border Mo.</u>	
	15. MAIDEN NAME <u>Mattie Wilson</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Border Mo.</u>		
17. INFORMANT (ADDRESS) <u>Mrs. C. C. Mungler</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edgerton Mo.</u> DATE <u>Dec 29 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Edgerton Mo.</u>		
20. FILED <u>Dec 29 1932</u> <u>S. W. Fredendall</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1932 to Dec 28 1932  
I last saw her alive on Dec 28 1932 Death is said to have occurred on the date stated above, at 4:15 m.  
The principal cause of death and related causes of importance were as follows:  
Acute dilatation heart  
108  
933  
108  
Other contributory causes of importance:  
Robert Trimmer

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) J. M. Trayer, M. D.  
(Address) Edgerton Mo.

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.

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