

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

Do not use this space.

40972

AN 27 1932

1. PLACE OF DEATH

County Monroe
Township Concord
City Hayden

Registration District No. 65-3
Primary Registration District No. 5865

File No. _____
Registered No. 134
St. _____ Ward _____

2. FULL NAME

Lucy Campbell
(a) Residence, No. Hayden Mo Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>C</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Andy Campbell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 20, 1883</u>		
7. AGE <u>49</u>	YEARS <u>0</u>	MONTHS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>334</u>
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)
North Carolina

13. NAME
Walter Outhin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
N.C.

15. MAIDEN NAME
Stewart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
N.C.

17. INFORMANT (ADDRESS)
Oliver Crowder Hayden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE
Concord DATE 12/12 1932

19. UNDERTAKER (ADDRESS)
S. Strong Rutherford Ark.

20. FILED 17-11- 1932 J. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-1 1932 to 12-9 1932

I last saw h. in alive on 12-6 1932 Death is said

to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
108
108
Other contributory causes of importance:
Asplungia
12-1-32

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 _____, 1932

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) J. Rhodes, M. D.
(Address) Hayden 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.

