

WHITE 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.

MAY 24 1933

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

Do not use this space.

12192

1. PLACE OF DEATH

County North  
Township Stitchell  
City Grand City (No. 903)

Registration District No. 903  
Primary Registration District No. 4045

File No. 8  
Registered No. 8  
St. 8 Ward 8

2. FULL NAME

(a) Residence, No. Laurelia Reed Campbell St. 8 Ward 8  
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 30 yrs. 0 mos. 0 ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1849

7. AGE YEARS 84 MONTHS 0 DAYS 23 If LESS than 1 day, 0 hrs. 0 min.

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

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) years 11. Total time (years) spent in this occupation 106

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co., Ill.

13. NAME John Reed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Emily Dobby

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

17. INFORMANT James Campbell (ADDRESS) Grand City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand City, Mo. DATE March 7, 1933

19. UNDERTAKER John C. Dumble (ADDRESS) Grand City, Mo.

20. FILED Me 7 19 33 John C. Dumble Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Me 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932 to May 5, 1933

I last saw h. or alive on May 5, 1933 Death is said to have occurred on the date stated above, at 9 P. m.

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

Pneumonia follows ing pneumonia Both lungs lobor 106 108 age 84

Other contributory causes of importance: 108 age 84

Name of operation none Date of 108

What test confirmed diagnosis? 108 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 108 Date of injury 19

Where did injury occur? 108 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 108

Nature of injury 108

24. Was disease or injury in any way related to occupation of deceased? 108

If so, specify 108

(Signed) John C. Dumble M. D.

(Address) Grand City Mo

