

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

Do not use this space.

23868

1. PLACE OF DEATH
 County Morgan Registration District No. 598
 Township Morgan Primary Registration District No. 4355
 City Versailles (No. _____) St. _____ Ward _____

2. FULL NAME Campbell (Infant not named)
 (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.

File No. _____
 Registered No. 26

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>✓</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 21-1933</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>1</u>
	DAYS <u>0</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>✓</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>✓</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)	<u>Morgan Co</u>	
13. NAME	<u>Milton Campbell</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Morgan Co.</u>	
15. MAIDEN NAME	<u>Emma L. Ratcliff</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Morgan Co</u>	
17. INFORMANT (ADDRESS)	<u>Milton Campbell</u> <u>Versailles, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Versailles</u> DATE <u>July 21, 1933</u>	
19. UNDERTAKER (ADDRESS)	<u>W. F. Kidwell</u> <u>Versailles, Mo.</u>	
20. FILED	<u>7-21-33</u> <u>H. N. Lutman</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1933

22. I HEREBY CERTIFY That I attended deceased from July 20, 1933, to July 20, 1933
 I last saw him alive on July 19, 1933. Death is said to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:
Premature birth

Other contributory causes of importance:
159
130
130

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? no
 If so, specify _____
 (Signed) A. J. Gunn, M. D.
 (Address) Versailles 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.

AUG 20 1933

