

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

Do not use this space.

28621

1. PLACE OF DEATH

County Verdon Registration District No. 875
Township Washington Primary Registration District No. 6162
City Meriden (No. _____) St. _____ Ward _____

File No. _____

Registered No. 177

2. FULL NAME

Thos. M. Campbell Campbell
(a) Residence, No. State Hospital # 3 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 13 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 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 Mary Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1876 June

7. AGE YEARS 58 MONTHS 7 DAYS 1 LESS than 1 day, _____ hrs. _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. R.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meriden, Ky.

13. NAME - Thos. M. Campbell

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

15. MAIDEN NAME Virginia Graves

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

17. INFORMANT Thos. M. Keller (ADDRESS) 631 Campbell Springfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Mo. DATE Aug 1, 1933

19. UNDERTAKER David C. Cushman (ADDRESS) Meriden, Mo.

20. FILED 8-23 1933 E. R. King Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1932 to Aug 1, 1933

I last saw him alive on 11.11.1933. Death is said to have occurred on the date stated above, at 10.00 m.

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

Gen. paralysis of the insens. Date of onset 4 yrs.
85
34
34
Other contributory causes of importance:
Central N. Les " "

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

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) J. T. O'Dell, M. D.
(Address) Meriden, Mo.

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. **RECORD**

SEP 20 1933

58

9

9

