

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

Do not use this space.

32894

1. PLACE OF DEATH  
 County HOWELL Registration District No. 384  
 Township WEST PLAINS Primary Registration District No. 4227  
 City WEST PLAINS (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME BILLIE DICK CAMPBELL  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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)

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

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX MALE 4. COLOR OR RACE NEGRO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 8 1922  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 5 1 2  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEST PLAINS MO  
 13. NAME ALBERT JOHN CAMPBELL  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OLDEN MO  
 15. MAIDEN NAME LOIS THOMAS  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEST PLAINS MO  
 17. INFORMANT LOIS THOMAS (ADDRESS) WEST PLAINS  
 18. BURIAL, CREMATION, OR REMOVAL PLACE NANCY BROWN CEMT DATE OCT 19 1933  
 19. UNDERTAKER McFAULAN'S (ADDRESS) WEST PLAINS  
 20. FILED 10-19 1933 Vida W. Simone Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18 1933  
 22. I HEREBY CERTIFY, That I attended deceased from 10-17 1933 to 10-18 1933  
 I last saw him alive on 10-18-1933 Death is said to have occurred on the date stated above, at 9:30 am.  
 The principal cause of death and related causes of importance were as follows:  
General Peritonitis Date of onset 12/13  
12/13  
12/13  
 Other contributory causes of importance: Acute Appendicitis  
 Name of operation A. Chamberlain Drainage Date of operation Oct 17 1933  
 What test confirmed diagnosis? Quentin 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) W. H. H. H. M. D.  
 (Address) West Plains, 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.

NOV 19 1933

