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.

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

Do not use this space.

1. PLACE OF DEATH
94 County St Francois — Registration District No. 771 — File No. 34226
1 Township — Primary Registration District No. 4462 — Registered No.
3 City Bismarck (No. , St. Ward)

2. FULL NAME No Name

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

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

7. AGE — YEARS ✓ — MONTHS ✓ — DAYS ✓ — If LESS than 1 day, 6 hrs. or min.

OCCUPATION
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) Bismarck Missouri

FATHER
13. NAME Edgar M. Campbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) River Mine Mo

MOTHER
15. MAIDEN NAME Virginia Meadows
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holcomb Mo

17. INFORMANT (ADDRESS) Edgar Campbell

18. BURIAL, CREMATION, OR REMOVAL Bismarck Mo
PLACE DATE Oct 9 1933

19. UNDERTAKER (ADDRESS) C. J. Hill Bismarck Mo

20. FILED 10/10, 1933 E. M. Bryan M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1933, to Oct 9, 1933
I last saw him alive on Oct 8, 1933. Death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

premature Infant about 7 months old, Miscarriage caused by abruptio placenta

Date of onset

159

Other contributory causes of importance:

159

Name of operation None Date of
What test confirmed diagnosis? 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) E. M. Bryan, M. D.
(Address) Bismarck, Mo