

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

Do not use this space.

36851

1. PLACE OF DEATH

County Jasper
Township _____
City Carrollville (No. _____)

Registration District No. 4.9
Primary Registration District No. 4241

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 313 N. Nelson St., _____ Ward.

(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12, 1933

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

22. I HEREBY CERTIFY, That I attended deceased from 11-2, 1933, to 11-13, 1933

I last saw her alive on 11/11, 1933 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2, 1872

to have occurred on the date stated above, at 6:09 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 2 22

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

Chronic pyocystitis Date of onset _____

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

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler County, Mo.

13. NAME Robert Campbell

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Arthur Smith (ADDRESS) Carrollville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollville DATE Nov. 14, 1933

19. UNDERTAKER North City Undert Co. (ADDRESS) North City, Mo.

20. FILED Nov. 14, 1933, J. W. Clark Registrar.

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? _____

If so, specify Ch. D. Drumbault (Signed) _____ M. D.

(Address) West City 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.

WRITE PEAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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