

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

Do not use this space.

37366

1. PLACE OF DEATH

County Oregon Registration District No. 631
 Townships Bay Apple Primary Registration District No. 5833
 City (No.) St. Ward)

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wistia Campbell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan-4th 1872</u>		
7. AGE	YEARS	MONTHS
	<u>61</u>	<u>10</u>
		DAYS
		<u>39</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</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) <u>Nov-26-1933</u>		11. Total time (years) spent in this occupation <u>30 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo. Hamilton Co. Ill.</u>		
13. NAME <u>James Campbell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hamilton Co. Ill.</u>		
15. MAIDEN NAME <u>Clara Fulton</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
17. INFORMANT <u>Belle Mitchell</u> (ADDRESS) <u>Koshkonong Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Koshkonong Mo.</u> DATE <u>Nov-28-33</u>		
19. UNDERTAKER <u>Leo Carr</u> (ADDRESS) <u>Chicago Mo.</u>		
20. FILED <u>12/3-1933</u> <u>Pearl Mullett</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-26-1933

22. I HEREBY CERTIFY, That I attended deceased from Nov-26-1933 to Nov-26-1933

I last saw him alive on Nov-26-1933 Death is said to have occurred on the date stated above, at 10 P.M.

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

Angina Pectoris
 Date of onset

Other contributory causes of importance:

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) J. Frank Gullie, M. D.
 (Address) Koshkonong 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 WITH OBTAINING THIS IS A PERMANENT RECORD

