

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.

FEB 27 1934

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

Do not use this space.

2163

1. PLACE OF DEATH  
 County Keokuk Registration District No. 677  
 Township Rolla Primary Registration District No. 4403  
 City Rolla (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Harry S Campbell

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1889

7. AGE YEARS 45 MONTHS \_\_\_\_\_ DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 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 \_\_\_\_\_

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

MOTHER FATHER  
 13. NAME James Campbell  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 15. MAIDEN NAME Sabree Cameron  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Wm. S. Campbell, Rolla, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leaking, Mo. DATE May 1-19 1934

19. UNDERTAKER (ADDRESS) Harry K. Wilcox, Rolla, Mo.

20. FILED Jan 18 1934 Joe F. Ayers Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1934

I HEREBY CERTIFY, That I attended deceased from Jan 17 1934, to Jan 18 1934  
 I last saw him alive on Jan 18 1934. Death is said to have occurred on the date stated above, at 4:29 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Embolism Date of onset 1-17-34  
92B  
82B

Other contributory causes of importance:  
Chronic Prostatitis South Mo.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical 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. R. Mitchell, M. D.  
 (Address) Rolla Mo

