MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

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County Crawford — Registration District No. 229 — File No. 4397

Township Boone — Primary Registration District No. 5211 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Fannie Campbell.

(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 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1865

7. AGE: YEARS 68 — MONTHS 8 — DAYS 18 — 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) Washington Co Mo

FATHER

13. NAME Alexander Pratt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER

15. MAIDEN NAME Mary Kimberlin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Mo

17. INFORMANT (ADDRESS) Maggie Campbell Sullivan, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19

19. UNDERTAKER (ADDRESS) Thos. P. Shaffer Sullivan Mo

20. FILED Feb. 24, 1934 ~~[illegible]~~ C. W. Adams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1934, to Feb. 24, 1934.
I last saw her alive on Feb. 24, 1934. Death is said to have occurred on the date stated above, at 12:20 P.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Cardiac dilitation with mitral insufficiency

Other contributory causes of importance: acute Indigestion

Name of operation ..... Date of .....
What test confirmed diagnosis? physical 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 .....
(Signed) R P Rogers, M. D.
(Address) Sullivan Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor

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