

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

Do not use this space.

1. PLACE OF DEATH

County Gentry Registration District No. 312
Township King City Primary Registration District No. 4788
City King City (No. _____) St. _____ Ward _____

File No. 8537
Registered No. 26

2. FULL NAME

Wife of Albert Campbell
(a) Residence, No. _____, _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.
(If nonresident, give city or town and State)
How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5 - 1859
7. AGE YEARS 74 MONTHS 3 DAYS 5 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
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) 1930
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Mo.

13. NAME James H. Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) King City

15. MAIDEN NAME M. J. Claycomb

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

17. INFORMANT Mrs. Magdalene Campbell
(ADDRESS) King City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue Mo. DATE 3/11 - 34

19. UNDERTAKER (ADDRESS) W. J. Grogan
King City Mo.

20. FILED Apr. 10, 1934 A. W. Paulette
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/10/1934
22. I HEREBY CERTIFY That I attended deceased from Feb 27 1934 to March 10 1934
I last saw him alive on March 9 1934 Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

Mutual resuscitation 1915
Pneumonia 109H 3/9/34
Other contributory causes of importance:
arterio-sclerosis

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 _____
(Signed) W. J. Grogan, M. D.
(Address) King City, Mo.

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.

