

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township Orwich
City Orwich (No. _____)

Registration District No. 743
Primary Registration District No. 4445

File No. 10111
Registered No. 4
St. _____ Ward _____

2. FULL NAME Wilina Lee 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3/19/1933</u>		
7. AGE - YEARS <u>1</u>	MONTHS <u>0</u>	DAYS <u>8</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>
	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) Richmond Mo
(STATE OR COUNTRY) Ray Co13. NAME William J. Campbell14. BIRTHPLACE (CITY OR TOWN) Lawson
(STATE OR COUNTRY) Ray Co Mo15. MAIDEN NAME Effie Claypool16. BIRTHPLACE (CITY OR TOWN) Knoxville
(STATE OR COUNTRY) Ray Co Mo17. INFORMANT William J. Campbell
(ADDRESS) Orwich Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Grave Slope East Richmond DATE 3/28 193419. UNDERTAKER C. V. Gibson
(ADDRESS) Orwich Mo20. FILED 5-8 1934 Orwich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27 193422. I HEREBY CERTIFY, That I attended deceased from March 27, 1934, to March 27, 1934I last saw her alive on Mar 27, 1934 Death is saidto have occurred on the date stated above, at 2 P. m.

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

Date of onset

meningitis
107 1/2
107 1/2

Other contributory causes of importance:

Brainial PneumoniaName of operation _____ Date of _____ 3-22-34What test confirmed diagnosis? clinical 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 _____ 1934

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

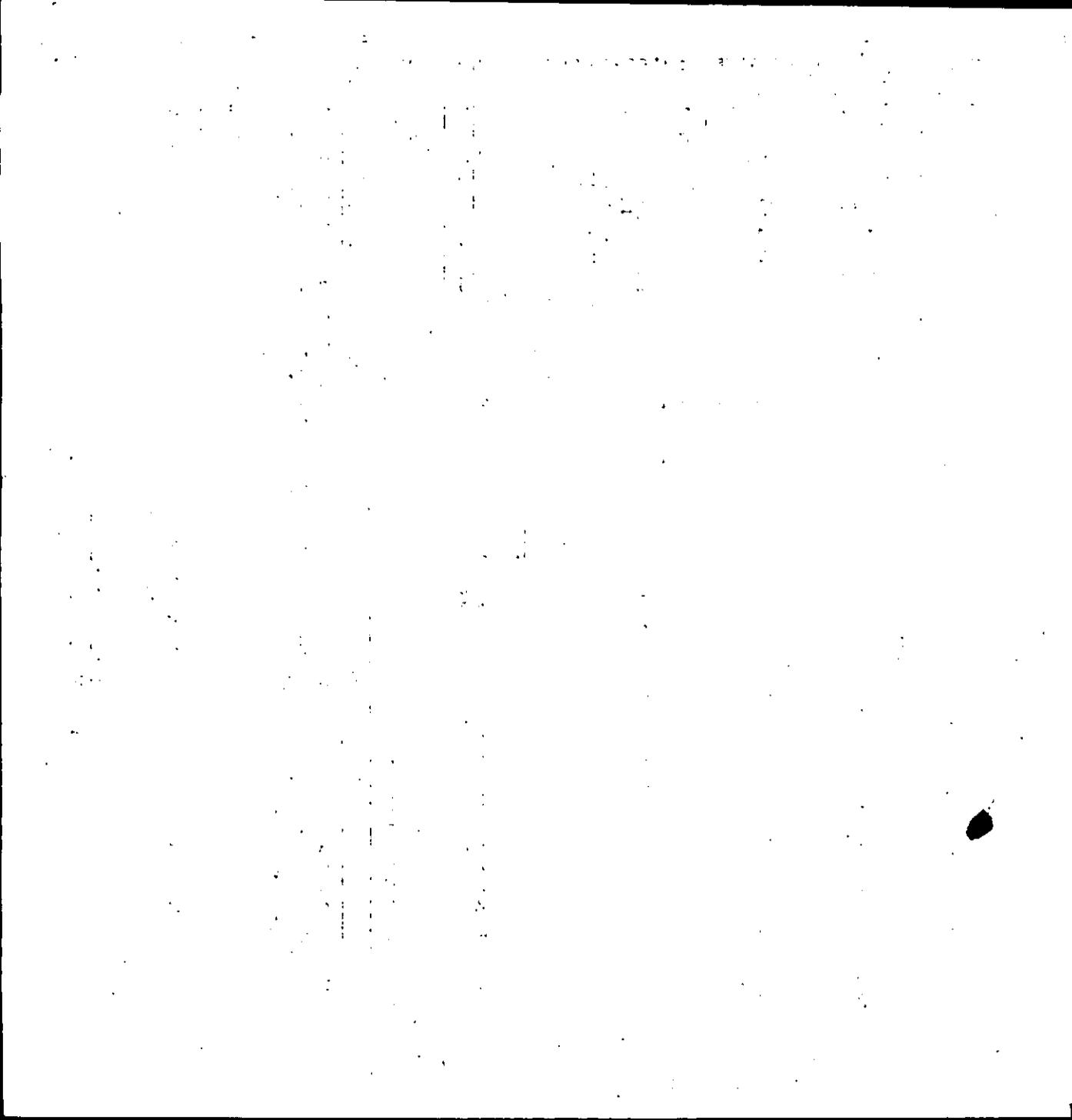
Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Orwich, M. D.(Address) Orwich, Mo



REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Ray Registration District No. 943
 Township _____ Primary Registration District No. 4442
 City Orwick (No. _____ St. _____ Ward _____)

2. FULL NAME William Lee Campbell
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
			8	

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

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) _____

FATHER

13. NAME _____

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

MOTHER

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

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

19. UNDERTAKER Orwick, mo
 (ADDRESS) _____

20. FILED 5/8, 1934 Orwick
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Meningitis following Broncho pneumonia, (Pneumococcus meningitis)
 Date of onset _____

Other contributory causes of importance: 1070
Broncho Pneumonia

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) Orwick, mo, M. D.
 (Address) Orwick, mo

SUPPLEMENTARY

11101

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

10111

Ray
Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Wilma Lee Campbell
 Died at: Orrick on Mar. 27-1934
 Residence: No. _____ St. _____
 (If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
 Color or race W Single, married, widowed or divorced: S

Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.
 (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Deceased last worked at this occupation: Month _____ Year _____

Place (State or country) _____

Place of father (State or country) _____

Place of mother (State or country) _____

Principal cause of death: Meningitis

Other contributory causes of importance Bronchial pneumonia

Time of operation none Date of 3-27-34

Was test confirmed diagnosis? _____ Was there an autopsy? _____

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.

Character of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician J. S. Pate

Address of physician Orrick

Signature of Registrar J. S. Pate Date filed 5/8/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 743

Primary-Reg. Dist. No. 4445-

E. T. McLaugh
Special Agent.

MEMORANDUM FOR THE DIRECTOR

10/11

MEMORANDUM

10/11

MEMORANDUM FOR THE DIRECTOR
SUBJECT: [Illegible]

BY

[Illegible Signature]

[Illegible Title]

[Illegible Date]

[Illegible Content]

[Illegible Content]