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.

SEP 21 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No. 29132
Township — Primary Registration District No. 8019 — Registered No. 255
City Independence (No. ..... St. ..... Ward)

2. FULL NAME Mary J Campbell
(a) Residence, No. 908 Lynn S.E. North St. Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. — 4. COLOR OR RACE White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27 1858

7. AGE — YEARS 76 — MONTHS 4 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Keeper
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) Taylor Co Iowa

FATHER
13. NAME Henry Dillman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER
15. MAIDEN NAME Martha Hayes.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs Mattie Chandler 910 N Lynn St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Corning Mo DATE Aug 10/34

19. UNDERTAKER (ADDRESS) S Chooler Bros Corning Mo

20. FILED Aug 7 1934 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 /34, 19

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1934, to Aug 7, 1934
I last saw her alive on Aug 4, 1934. Death is said to have occurred on the date stated above, at 12:30 A.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary T. B. Chronic (Many Years) — Date of onset

23A

Other contributory causes of importance:

Chronic Myocarditis Nonetron

Name of operation ..... Date of .....
What 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 ....., 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) F. L. Cook, M. D.
(Address) Independence

Dr F L Cook
dwf mo