

SEP 19 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

31787

1. PLACE OF DEATH

County North
 Township Smith
 City Atterdale, Mo.

Registration District No. 12Primary Registration District No. 12

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chester Campbell6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2, 18537. AGE YEARS 81 MONTHS 8 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) 1934 11. Total time (years) spent in this occupation Life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co. Va.13. NAME Archabald House14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Mary J. Carner16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT (ADDRESS) Chester Campbell

18. BURIAL, CREMATION, OR REMOVAL

PLACE Atterdale, Mo. DATE Aug 5, 193419. UNDERTAKER (ADDRESS) Arch C. Driscoll20. FILED Aug 8, 1934 O. F. Fred, Mull Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3, 193422. I HEREBY CERTIFY, That I attended deceased from Aug - 1 to Aug - 2I last saw her alive on Aug 2, 1934 Death is saidto have occurred on the date stated above, at 3:30 p.m.

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

Senecunditis Date of onset _____Other contributory causes of importance: Arterio-sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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. Ross M. D.(Address) Franklin, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK

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