

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

Do not use this space.

DEC 14 1934

**1. PLACE OF DEATH**

County Shunklin  
Township Campbell  
City Campbell (No. ....) St. .... Ward)

Registration District No. 252  
Primary Registration District No. 4166

File No. 39002  
Registered No. 50

**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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1934, to Nov 20, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 1877

I last saw him alive on Nov 20, 1934 Death is said to have occurred on the date stated above, at 6:00 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
57 1 10

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

Lobar Pneumonia Date of onset

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

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

Other contributory causes of importance: 108

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

13. NAME Samuel K Powell

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

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

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Wife Campbell

Manner of injury .....  
Nature of injury .....

18. BURIAL, CREMATION, OR REMOVAL PLACE Truher Cem DATE 1/22, 1934

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

19. UNDERTAKER (ADDRESS) Sanders & Son Campbell Mo

If so, specify (Signed) John L. Brown, M. D.

20. FILED 1/21, 1934 E. W. Anderson Registrar.

(Address) Campbell Mo

Exact statement of OCCUPATION is very important.

