

APR 9 1935

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

Do not use this space.

9576

1. PLACE OF DEATH

County JasperRegistration District No. 411

File No. _____

Township JoplinPrimary Registration District No. 2902Hospital St. John's HospitalCity Joplin (No. _____) St. _____ Ward _____2. FULL NAME Leda Viola Campbell(a) Residence, No. 518 Joplin St. _____ Ward _____

(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 Female 4. COLOR OR RACE Married 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Campbell6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 19137. AGE YEARS 21 MONTHS 9 DAYS 9 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webb City13. NAME John Williams14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Mildred Wild16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sharon17. INFORMANT Mrs. Mildred Williams18. BURN, CREMATION, OR REBURY Interment DATE 4-1-3519. UNDERTAKER (ADDRESS) John Williams20. FILED 4-1-35 E. D. Jones Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 30 1935I HEREBY CERTIFY That I attended deceased from Apr 30 1935 to Apr 30 1935I last saw her alive on Apr 30 1935. 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:

_____ Date of onset _____

Other contributory causes of importance: _____

Name of operation peritonectomy Date of _____What test confirmed diagnosis? gross 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) H. L. Wilbur, M. D.(Address) Joplin 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.

Wilbur

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