

MAY 29 1935

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

Do not use this space.

13232

1. PLACE OF DEATH

471 County Jasper Registration District No. 410
6 Township Preston Primary Registration District No. 4243
6 City Jasper (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

John Hampton 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Adelia Campbell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 6 1849</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>10</u>
	DAYS <u>17</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>Retired</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jess Tenn</u>		
FATHER	13. NAME <u>Geo W. Campbell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Pyle</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
17. INFORMANT <u>John Campbell</u> (ADDRESS) <u>Jasper Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Hope</u> DATE <u>April 25 1935</u>		
19. UNDERTAKER <u>Lester Davis</u> (ADDRESS) <u>Jasper Mo</u>		
20. FILED <u>5-106</u> 19 <u>35</u> <u>W.H. Knott Mo</u> , Deputy Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 4 1935 to Apr 28 (23) 1935
I last saw him alive on Apr 23 1935. Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:
"arteriosclerosis"
97
Date of onset _____

Other contributory causes of importance: _____

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? NO
If so, specify _____
(Signed) V.N. Hendricks, M. D.
(Address) Jasper 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.

