LOCAL REGISTRAR'S REPORT DO NOT TEAR LEAF OUT

JUL 17 1935

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

Do not use this space.

18879

PLACE OF DEATH
County Andrew
Township prairie
City ..... (No. ..... St. ..... Ward)

Registration District No. 24
Primary Registration District No. 6033

File No. .....
Registered No. .....

ULL NAME Kattie Camplin

(a) Residence, No. ..... St., ... Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
th 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

	4. COLOR OR RACE	5. ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (write the word)
...le	White	Widowed

~~RRIED, WIDOWED, OR DIVORCED~~
~~USBAND OF~~
R) WIFE OF James Camplin

OF BIRTH (MONTH, DAY, AND YEAR) March 29 1867

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	2	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

ndustry or business in which work was done, as silk mill, saw mill, bank, etc. .....

ate deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

PLACE (CITY OR TOWN) TE OR COUNTRY) Monroe Co Mo

AME William Fairbairn

RTHPLACE (CITY OR TOWN) STATE OR COUNTRY) Va

AIDEN NAME Sallie Barton

RTHPLACE (CITY OR TOWN) STATE OR COUNTRY) .....

MANT Mrs John Heizer (Daut)
ESS) Molino Mo

L, ~~CREMATION~~, OR REMOVAL
Santa Fe Mo DATE June 23 1935

TAKER Snyder & Hanger
ESS) Santa Fe Mo

6-30 1935 W K McCall
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1935, to June 22, 1935
I last saw her alive on June 22, 1935. Death is said to have occurred on the date stated above, at 3:25 p.m.
The principal cause of death and related causes of importance were as follows:

apoplexy

Date of onset 6-22-35

Other contributory causes of importance:
Arterio Sclerosis

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? .....
If so, specify .....
(Signed) R. S. Williams, M. D.
(Address) Mexico Mo

V. S. NO. 2-A

MARGIN RESERVED FOR BINDING

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.

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

Do not use this space

File No.....

Registered No.....

1. PLACE OF DEATH

County..... Registration District No.....

Township..... Primary Registration District No.....

City..... (No..... , ... St. .....

2. FULL NAME.....

(a) Residence, No..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.

OCCUPATION

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

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT.....
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE.....19....

19. UNDERTAKER.....
(ADDRESS)

20. FILED....., 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended dece

....., 19....., to.....

I last saw h..... alive on....., 19..... D

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were

.....

.....

.....

.....

.....

Other contributory causes of importance:

.....

.....

.....

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autops

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(Signed).....

(Address).....

V. S. No. 2-A

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