

OCT 24 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Joplin Primary Registration District No. 2002
 City Joplin (No. 1604, Joplin) St. _____ Ward _____

File No. 29854

Registered No. _____

2. FULL NAME

James A Campbell
 (a) Residence, No. 1604 Joplin St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 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>Anna B. Campbell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 11, 1846</u>		
7. AGE	YEARS <u>89</u>	MONTHS <u>3</u>
	DAYS <u>26</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 Miner</u>	
	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)
Pa.

13. NAME Isaac Campbell

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Catherine Gibson
(ADDRESS) 1604 Joplin St Joplin Mo

18. BURIAL, CREMATION OR REMOVAL
PLACE Mt Hope DATE 9-9 1935

19. UNDERTAKER Laughlin Mortuary
(ADDRESS) Joplin Missouri

20. FILED 9-9 1935 - Ed D Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6th 1935

22. I HEREBY CERTIFY, That I attended deceased from
on morn 4 1934. 3-4, 1934

I last saw him alive on 3-4 1934. Death is said

to have occurred on the date stated above, at 11 P. m.

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

Atherosclerosis
Senility 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 _____, 1935

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) Ed D Jones, 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.

Maxwell