

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.

JAN 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph, Mo. (No., Ward)

85

Registration District No.
Primary Registration District No. 1001

38691

File No.
Registered No. 1364

2. FULL NAME

William W. Campbell

(a) Residence, No. Sisters Hosp. St. Ward. Troy-Kansas
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Susan Campbell</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 11/1857</u>				
7. AGE	YEARS <u>78</u>	MONTHS <u>1</u>	DAYS <u>14</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>farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>retired</u>			
	10. Date deceased last worked at this occupation (month and year) <u>1925</u>			
				11. Total time (years) spent in this occupation. <u>life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jonesboro Illinois</u>				
FATHER	13. NAME <u>James Campbell</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Missouri</u>			
17. INFORMANT <u>W. Campbell</u> (ADDRESS) <u>Troy, Kansas</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Troy Kansas</u> DATE <u>12-25-35</u> 19.				
19. UNDERTAKER <u>E. F. Karr</u> (ADDRESS) <u>Troy, Kansas</u>				
20. FILED <u>12-26-35</u> 19 <u>35</u> <u>John R. Bessinger</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25-1935 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1935, to Dec. 25, 1935.
I last saw him alive on Dec. 25, 1935. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:
arteriosclerosis, General Hypostatic Pneumonia, Chronic Myocarditis, Hypertension

Other contributory causes of importance:
senility

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

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? Yes.
If so, specify L. Paul Ferguson, M. D.
(Signed) St. Joseph Hosp.
(Address) Per J. Brown, M. D.

Date of onset

