

MAR 28 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Gasconade Registration District No. 308
 Township Clay Primary Registration District No. 6234 File No. 876
 City Boonville (No. 8426) Registered No. 1 St. Boonville Ward 1

2. FULL NAME

Lester Campbell
 (a) Residence No. St. Ward
 (Usual place of abode)
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 = 1918
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 yrs 7 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farming
 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) Nebraska
 (STATE OR COUNTRY)

13. NAME Haynes Campbell
 14. BIRTHPLACE (CITY OR TOWN) Marion Co.
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Bonnie Stubblefield
 16. BIRTHPLACE (CITY OR TOWN) Gasconade Co.
 (STATE OR COUNTRY) Missouri

17. INFORMANT Haynes Campbell
 (ADDRESS) Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Crown City DATE 1-29-1936

19. UNDERTAKER E. J. Lehrs
 (ADDRESS) Boonville, Mo.

20. FILED Mar 14, 1936 Mrs. Mather
Boonville, Mo. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 = 1936
 22. I HEREBY CERTIFY, That I attended deceased from 1-2-1936 to 1-27-1936
 I last saw him alive on 1-25-1936 Death is said to have occurred on the date stated above, at 6 A. m.

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

Diabetes Mellitus
SA
 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?
 If so, specify
 (Signed) E. J. Lehrs, M. D.
 (Address) Boonville, 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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

