

FEB 19. 1936

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

Do not use this space

Dr. Wasson
9817

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Chickpecks Primary Registration District No. 5440
City Springfield Mo St. Rt 18 Ward

File No. _____
Registered No. 55 St. _____ Ward)

2. FULL NAME

(a) Residence, No. Rt 8 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>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<u>write the word</u>) <u>widowed</u>			
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>J. A. Campbell</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 29 - 1855</u>					
7. AGE	YEARS <u>80</u>	MONTHS <u>4</u>	DAYS <u>22</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>None</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) <u>Benton Mo</u>					
FATHER	13. NAME <u>J. M. Moore</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>				
MOTHER	15. MAIDEN NAME <u>Mollie Vaughan</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>				
17. INFORMANT <u>Mrs. Julia Spanton</u> (ADDRESS) <u>Springfield Mo.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethel</u> DATE <u>Jan 26 1936</u>					
19. UNDERTAKER <u>Wm. Campbell</u> (ADDRESS) <u>Springfield Mo.</u>					
20. FILED <u>1-25</u> 1936 <u>Ralph W. Spanton</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 15 1936 to Jan 21 1936
I last saw h. s. u. alive on Jan 21 1936 Death is said to have occurred on the date stated above, at 12:20 P.M.
The principal cause of death and related causes of importance were as follows:
Phosphorus poisoning Date of onset 1/16/36
930

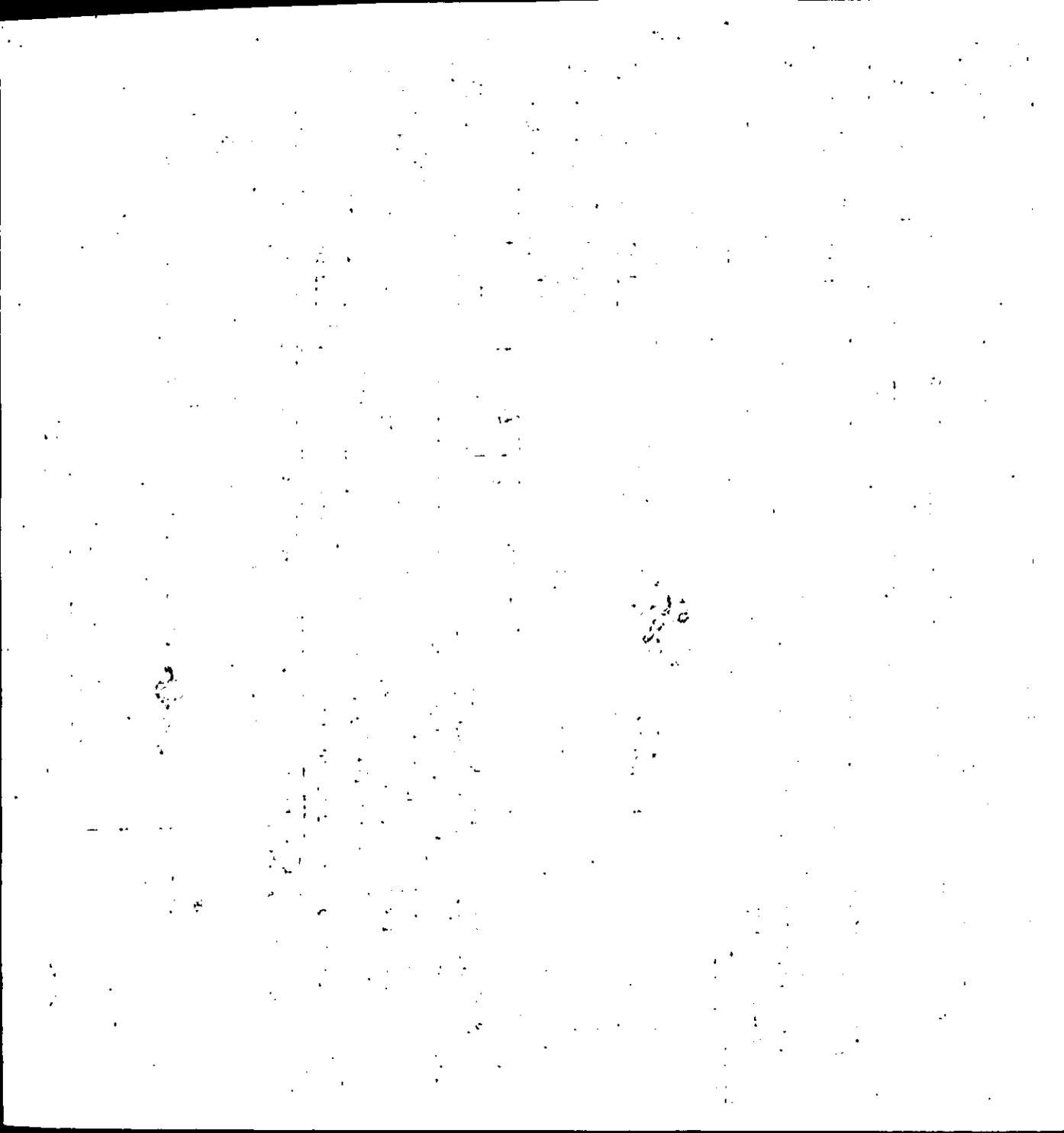
Other contributory causes of importance: Alcohol About 10 years
Chronic Phosphorus poisoning
Chronic Kidney disease 1 year

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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. G. Huser _____, M. D.
(Address) Rt 18, Mo.



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Greene
Township.....
City..... (No.)

Registration District No. 318
Primary Registration District No. 5440

File No. 981-
Registered No. 55
St. Ward)

2. FULL NAME Rachel C. Campbell

(a) Residence, No. St.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid.
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. min.
80 4 2

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) Total time (years) spent in this occupation.....

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

13. NAME

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

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 JUN 15 '36 19.. D. Chas. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jun. 21 19 36

22. I HEREBY CERTIFY That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at..... m.

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

932
Chronic Heart Disease
Date of onset

Other contributory causes of importance:
Chronic Myocarditis
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) M. A. Watson, M. D.
(Address) Nixa Mo.

184-S