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.

100M-3-26-35

FEB 19 1936

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

1. Do not use this space.

1706

1. PLACE OF DEATH

County Jasper — Registration District No. 409 — File No.

Township — Primary Registration District No. 4241 — Registered No.

City Carterville (No. , St. Ward)

2. FULL NAME Wm. W. Campbell

(a) Residence, No. 427 Tenn St., Ward. (If nonresident, give city or town and State)
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 17, 1871

7. AGE: YEARS 64 — MONTHS 2 — DAYS 0 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Jasper County Missouri

FATHER

13. NAME: John Campbell

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

MOTHER

15. MAIDEN NAME: Sarah Stoner

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

17. INFORMANT (ADDRESS): Mrs Laura Campbell, Carterville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Weaver Cem DATE Jan 19, 1936

19. UNDERTAKER (ADDRESS): Webb City Undertaking Co, Webb City, Mo.

20. FILED Jan. 19, 1936. J. W. Clark, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1936, to Jan. 17th, 1936

I last saw him alive on Jan 17, 1936. Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Heart block.

Date of onset

Other contributory causes of importance: Hypertension

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) J. W. Clark, M. D.

(Address) Carterville, Mo.