FEB 19 1936

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

Do not use this space.

1831

File No. .....

Registered No. .....

1. PLACE OF DEATH

County Jasper — Registration District No. 419

Township McDonald — Primary Registration District No. 5573

City Sarcoxie R.F.D. No. 2 ..... St. ..... Ward)

2. FULL NAME George C. Campbell

(a) Residence, No. Sarcoxie R. 2 St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 64 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*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mr Lamira Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 – 1848

7. AGE: YEARS 87 — MONTHS 8 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

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) Ireland County Dary

FATHER

13. NAME William E. Campbell

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

MOTHER

15. MAIDEN NAME Mary Isabella Orr

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

17. INFORMANT (ADDRESS) Warren O. Campbell Reeds Mo. RR#1

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Dudenville Cemetary DATE Jany 4 1936

19. UNDERTAKER (ADDRESS) Geo. B. Orr Mt Vernon Mo

20. FILED Jan 3 1936 Mrs. W. A. Hull Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany 2 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw him alive on about 3 mo ago, 19.. Death is said to have occurred on the date stated above, at 2:30 P m.

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

Cerebral hemorrhage — Date of onset

First 6 mo ago –

again Dec. 26 – 1935

Other contributory causes of importance: Hypertension, & age

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) Elizabeth H. Ketchum, M. D.

(Address) 706 Grant Cairhage 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.