

FEB 20 1936

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

Do not use this space.

2114

1. PLACE OF DEATH

County Marion Registration District No. 527
Township Marion Primary Registration District No. 2079
City Hannibal (No. 2200 Spruce) St. Ward

File No.
Registered No. 5

2. FULL NAME Chas Franklin Cambell

(a) Residence, No. 2200 Spruce 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 Male 4. COLOR OR RACE Colored 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) Dec. 14, 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 - 20

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

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) Hannibal (STATE OR COUNTRY) Missouri

13. NAME Ben Frank Cambell

14. BIRTHPLACE (CITY OR TOWN) New London (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Myrtle Bucher

16. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Missouri

17. INFORMANT Ben Franklin Cambell (ADDRESS) 2200 Spruce St. Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rehearsal Cem. DATE Jan. 5th, 1936

19. UNDERTAKER James O'Donnell (ADDRESS) Hannibal Mo

20. FILED Jan 5 1936 R. H. Schatts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3rd, 1936

22. I HEREBY CERTIFY That I attended deceased from Nov 12, 1935 to Jan 3, 1936

I last saw him alive on Jan 3, 1936 Death is said

to have occurred on the date stated above, at 11 a.m.

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

Pulmonary tuberculosis

Date of onset

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) A. W. Fox M. D.
(Address) Hannibal 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.

