MAR 23 1936

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

Do not use this space.

6773

1. PLACE OF DEATH
County Madison — Registration District No. 538 — File No.
Township — Primary Registration District No. 3028 — Registered No. 22
City Frederick Town (No. ..... St. ..... Ward)

2. FULL NAME Flora Elizabeth Campbell
(a) Residence, No. ..... 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: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 8-1849

7. AGE: YEARS 87 — MONTHS 1 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): Preston Ill

FATHER
13. NAME: John Carver
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER
15. MAIDEN NAME: Prudence Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Mrs. Blanche Ramsey, Frederick Town Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Christian Cemetery, Frederick Town Mo DATE: Feb. 27, 1936

19. UNDERTAKER (ADDRESS): Ed. H. Webb, Frederick Town Mo

20. FILED Feb. 27, 1936 S. C. Slaughter, Registrar.
By E. D. Schwarz

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18th, 1936, to Feb. 25, 1936
I last saw her alive on Feb. 25, 1936 Death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

Complication of diseases with Senile Decline Stad Neuritis for 7 yrs

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? No
If so, specify .....
(Signed) M. B. Barber, M. D.
(Address) Frederick Town 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD