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 PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 23 1936

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

Do not use this space.

6785

File No.

Registered No.

1. PLACE OF DEATH

County Maries Registration District No. 541

Township Jefferson Primary Registration District No. 5410

City (No. St. Ward)

2. FULL NAME Alta Campbell

(a) Residence, No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1918

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
17	3	18	

OCCUPATION

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

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

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) Maries Co Mo

FATHER

13. NAME Fred Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries Co Mo

MOTHER

15. MAIDEN NAME Ida Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries Co Mo

17. INFORMANT (ADDRESS) Erna Garner Belle Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE 2-16 1936

19. UNDERTAKER (ADDRESS) L. G. Licklider Belle Mo

20. FILED Mar 10. 1936 Leamora Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-8 1936, to 2-14 1936

I last saw h.. alive on 2-14 1936 Death is said to have occurred on the date stated above, at 8P m.

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

	Date of onset
Double Lobar Pneumonia	

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) C. A. Bunge, M. D.

(Address) Bland Mo