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.

MAR 25 1936

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

Do not use this space.

7418

1. PLACE OF DEATH
County St. Francois
Township St. Francois
Near City ~~Farmington, Mo.~~ (No. ..... , ... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 0018A

File No. .....
Registered No. 21

2. FULL NAME Acenith Campbell
(a) Residence, No. Cape Girardeau, Mo. 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: Female
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: Silas E. Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): not Known

7. AGE: YEARS 35 | MONTHS ? | DAYS ? | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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): Cape Girardeau Mo.

FATHER
13. NAME: Eli Van Gilder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Mo.

MOTHER
15. MAIDEN NAME: Ida Marion
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Mo.

17. INFORMANT (ADDRESS): Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cape Girardeau, Mo DATE Feb. 6 1936

19. UNDERTAKER (ADDRESS): Brinkopf & Howell Cape Girardeau, Mo.

20. FILED Feb 4 1936 T. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 8, 1933, to February 4, 1936
I last saw her alive on February 4, 1936. Death is said to have occurred on the date stated above, at 5:15A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Praecox (Catatonic Type)	1927
84	
Other contributory causes of importance:	
Malnutrition due to mental state	April 1934

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) C. C. Ault, M. D.
(Address) Farmington, Mo

NOV 19 1957