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

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.

APR 10 1936

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

Do not use this space.

9038.

File No.

Registered No.

1. PLACE OF DEATH

County Worth

Township Smith

City Allendale (No. St. Ward)

Registration District No. 903

Primary Registration District No. 6211

2. FULL NAME Chester 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 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

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 Louisa Jane Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22 1850

7. AGE YEARS 85 MONTHS 5 DAYS 6 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.

10. Date deceased last worked at this occupation (month and year) years ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Perry Co. (STATE OR COUNTRY) Ill.

FATHER

13. NAME Lewis Campbell

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Frank Campbell (ADDRESS) Allendale, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Allendale Cem. DATE 3/1 1936

19. UNDERTAKER Josh C. Dunfee (ADDRESS) Grant City, Mo.

20. FILED 4-7, 1936 Fred Mull M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feby 22, 1936, to Feb 28, 1936

I last saw h im alive on Feb 26, 1936 Death is said to have occurred on the date stated above, at 7 C m.

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

	Date of onset
Myocarditis	2/22/36
Influenza	2/20/36

10

Other contributory causes of importance: Arterio Sclerosis

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) O. L. Fullerton, M. D.

(Address) Redding, Iowa