

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

Do not use this space.

APR 21 1936

11608

1. PLACE OF DEATH

County Miller
Township Saline
City (No. _____, _____ St. _____ Ward)

Registration District No. 561
Primary Registration District No. 5753

File No. _____
Registered No. 32

2. FULL NAME Catherine Campbell

(a) Residence, No. Eldon, 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15th, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
83 5 11

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) Russellville, Mo.

13. NAME Ransom Amos

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

15. MAIDEN NAME Kate Enloe

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

17. INFORMANT Cris Campbell (ADDRESS) Eldon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell Cem. DATE Mar. 28th, 1936

19. UNDERTAKER G. N. Steffens (ADDRESS) Russellville, Mo.

20. FILED Mar 26, 1936 Welle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 26th, 1936 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1936 to Mar 26, 1936

I last saw her alive on 3-25, 1936 Death is said to have occurred on the date stated above, at 2-15 P.M.

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

Broncho Pneumonia Bilateral Date of onset 3-20-36

Other contributory causes of importance: Chronic myocarditis 9

Name of operation None Date of _____

What test confirmed diagnosis? Microscopic 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? Yes

If so, specify _____ (Signed) E. E. Shelton, M. D.

(Address) Eldon, 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.

MAY 31 1955