

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.

OCT 22 1936

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

Do not use this space.

31643

1. PLACE OF DEATH

County Marion
Township Green
City Beale (No.)

Registration District No. 1-111
Primary Registration District No. 1-111-1

File No.
Registered No.
St. Ward

2. FULL NAME

Harold Henderson Campbell

(a) Residence, No. St. Ward
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1933

7. AGE YEARS 3 MONTHS 1 DAYS 2 If LESS than 1 day, hrs. or min.

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

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) Canaan, Mo. (STATE OR COUNTRY)

13. NAME Mrs. Burgess Campbell

14. BIRTHPLACE (CITY OR TOWN) Beale, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Ruby Myrtle Danner

16. BIRTHPLACE (CITY OR TOWN) Beaumont, Mo. (STATE OR COUNTRY)

17. INFORMANT Mrs. Burgess Campbell (ADDRESS) Beale, Mo.

18. BURIAL, CREMATION, OR REMOVAL Liberty, Mo. PLACE DATE Aug 27, 1936

19. UNDERTAKER W. R. Sturcell (ADDRESS) Beale, Mo.

20. FILED Oct 10, 1936 Wm. G. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to Aug 26, 1936

I last saw him alive on Aug 20, 1936. Death is said to have occurred on the date stated above, at 3 p.m.

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

Coronary Thrombosis of the heart Date of onset 5-20-36

Other contributory causes of importance:

Malarral Duplex 5-20-36

Name of operation Date of
What test confirmed diagnosis Was there an autopsy? Yes

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) W. R. Sturcell, M. D.
(Address) Beale, Mo.

John C. Smith

John C. Smith

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