

OCT 1 1936

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

Do not use this space.

1. PLACE OF DEATH

County North
Township Union
City Great City (No.)

Registration District No. 90²
Primary Registration District No. 25-15

File No. 33491
Registered No.
St. Ward)

2. FULL NAME

Mildred Lorraine Campbell
(a) Residence, No. St. Ward.

(Usual place of abode) Length of residence in city or town where death occurred 4 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single (write the word)

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

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8, 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
4 11 3

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

13. NAME Frank Campbell

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

15. MAIDEN NAME Kathryn Andrew

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

17. INFORMANT (ADDRESS) Frank Campbell
Great City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Goodwin Cemetery 8/13/36

19. UNDERTAKER (ADDRESS) Andrew
Great City, Mo

20. FILED 9-9 1936 27th Mill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 1936

22. HEREBY CERTIFY, That I attended deceased from Aug 4, 1936 to Aug 11, 1936
I last saw him live on Aug 11, 1936 Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

Septicemia
Purpura hemorrhagica
Date of onset

Other contributory causes of importance: 70²

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) John Andrew M. D.

(Address) Great City 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.

