

NOV 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County Ruchagan
Township Washington
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. 2428, So 18th)

File No. 36734
Registered No. 1257
St. _____ Ward _____

2. FULL NAME

Mrs. Mary Campbell
(a) Residence, No. 2428 So. 18th St., 8th 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harley Campbell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 10 - 1872</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>7</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>26</u>
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) <u>Jan 1 - 1936</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laurette</u>		
13. NAME <u>Wm Campbell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Elizabeth Cox</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laurette</u>		
17. INFORMANT <u>George Marzink</u> (ADDRESS) <u>2428 So. 18th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lebanon, Mo</u> DATE <u>Oct 7 1936</u>		
19. UNDERTAKER <u>F. J. ...</u> (ADDRESS) <u>Lebanon, Mo</u>		
20. FILED <u>Oct 5 1936</u> <u>St. Joseph, Mo</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from Oct 2 to Oct 4, 1936
I last saw him alive on Oct 4, 1936 Death is said to have occurred on the date stated above, at 8:15 P.M.
The principal cause of death and related causes of importance were as follows:
Myocardial infarction
Date of onset _____

Other contributory causes of importance:
None

Name of operating _____ 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? _____
If so, specify _____
(Signed) A. E. Bingham, M. D.
(Address) 200 Ripponville Bldg.

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.

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