

NOV 28 1936

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

Do not use this space.

38001

1. PLACE OF DEATH

County Jasper Registration District No. 406 File No. _____
Township _____ Primary Registration District No. 4240 Registered No. 26
City Carl Junction (No. _____) St. _____ Ward _____

2. FULL NAME

Helma Grace Campbell

(a) Residence, No. Clancy St. 1st Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22 - 1906
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 0 19
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) July 1, 1936 11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carl Junction Mo.

13. NAME Mrs. Batten

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lin. Co. Indiana

15. MAIDEN NAME Mertie Dambau

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stratton Kans.

17. INFORMANT Mrs. Batten (ADDRESS) Carl Jct. Mo.

18. BURIAL, CREMATION, OR REMOVAL Highland Union Cem. PLACE Lawson City, Kans. DATE Oct 15, 1936

19. UNDERTAKER (ADDRESS) C. R. Roney Carl Jct. Mo.

20. FILED Oct 14 1936 C. R. Roney Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1936, to Oct 10, 1936.

I last saw her alive on Oct 10, 1936. Death is said to have occurred on the date stated above, at 9:15 a.m.

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

Operation cancer of the left Breast (Reactions) the loss of 3 months

Other contributory causes of importance 50

Name of operation cancer of left breast Date of onset about 4 yrs
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) F. B. Lemmon, M. D.
(Address) Carl Junction Mo.

