

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

Do not use this space.

43576

1. PLACE OF DEATH JAN 27 1937

County Vernon
Township Washington
City (No. _____) _____ St. _____ Ward _____

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 336

2. FULL NAME Campbell Luther V

(a) Residence, No. State Hospital No 3, Nevada Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 11 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 1872

7. AGE YEARS 64 MONTHS 5 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Hospital No 3 Nevada

10. Date deceased last worked at this occupation (month and year) October 23, 1926 11. Total time (years) spent in this occupation 1 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington MO

13. NAME James H. Campbell

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

15. MAIDEN NAME Alice Valentine

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

17. INFORMANT P. J. Campbell (ADDRESS) Ward No

18. BURIAL, CREMATION, OR REMOVAL PLACE Church DATE Jan 30 1937

19. UNDERTAKER Blumharing (ADDRESS) Ward No

20. FILED No 28 1937 M. E. Eckinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1936, to Jan 28 1937

I last saw him alive on Jan 28 1936 Death is said to have occurred on the date stated above, at 1:50 p.m.

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

Carcinoma of sigmoid colon with metastasis

Date of onset ?

Other contributory causes of importance: No

Name of operation none Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Ray M. Pearce Jr. M. D.

(Address) State Hospital No 3, Nevada 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.

