

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.

JUL 18 1936

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

Do not use this space.

48589

1. PLACE OF DEATH

County Cape Girardeau
Township Lynn
City Stockton (No.)

Registration District No. 165
Primary Registration District No. 5231

File No. July 9 1936
Registered No. 1163
St. Ward

2. FULL NAME

(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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1936

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Stockton, Mo.

FATHER 13. NAME John T. Campbell

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

MOTHER 15. MAIDEN NAME Bessie Perry

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

17. INFORMANT (ADDRESS) J. T. Campbell

18. BURIAL, CREMATION, OR REMOVAL Placed in casket DATE May 21, 1936

19. UNDERTAKER (ADDRESS) Dr. C. Davis & Co.

20. FILED July 9 1936 Mrs. A. A. Broome Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 2 19....., to....., 19..... I last saw him....., 19..... Death is said to have occurred on the date stated above, at..... The principal cause of death and related causes of importance were as follows: Cause unknown Date of onset

Other contributory causes of importance:

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) A. A. Broome M. D. (Address) Stockton Mo

