

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

Do not write in this space

FEB 17 1937

939 1937

1. PLACE OF DEATH

39 County Greene Registration District No. 318
 Township Springfield Mo. Primary Registration District No. 7001
 City Springfield Mo. 832 South St. (No. 832 South St.)

File No. 0032
 Registered No. 0032
 St. _____ Ward _____

2. FULL NAME

Wm. John Campbell
 (a) Residence, No. 832 South St. St. _____ 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8, 1937

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

22. I HEREBY CERTIFY That I attended deceased from Jan 1937 to Dec. 2 1936

I last saw him alive on Dec. 3 1936 Death is said to have occurred on the date stated above, at 6 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20 1859

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 10 18

Chronic Mononucleosis - Date of onset
Arterio-sclerotic and
General Debility
He had been an invalid
for several years and

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Old Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 26³
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
Not able to keep himself -
Had some time ago over
two attacks of cerebral
hemorrhage

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation _____ Date of _____

13. NAME Wilcher Campbell

What test confirmed diagnosis? _____ Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

15. MAIDEN NAME Emilia Pausler

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

17. INFORMANT (ADDRESS) Mrs. Nettie Campbell
832 South St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Passville Mo. DATE Jan. 11-37

19. UNDERTAKER (ADDRESS) Alma Spangmeyer
Springfield Mo.

20. FILED Jan 11 1937 Charles George Registrar

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) W. P. Patton M. D.
 (Address) Springfield, 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.

