WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FEB 17 1937

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

Do not use this space.

2170

1. PLACE OF DEATH
65 County Maries
1 Township Jefferson
3 City Belle (No. 2 St. Ward)

Registration District No.
Primary Registration District No. 4

File No.
Registered No.

2. FULL NAME Jackson M. Campbell

(a) Residence, No. 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

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1862

7. AGE: YEARS 74 | MONTHS 7 | DAYS 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 281
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) Belle Mo

FATHER
13. NAME Morris Campbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Mo

MOTHER
15. MAIDEN NAME Nancy Terrill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Mo

17. INFORMANT (ADDRESS) Mr. Laura Campbell Belle Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Cem DATE Jan 17 1937

19. UNDERTAKER (ADDRESS) S. G. Lickleder Belle Mo

20. FILED Feb 10 1937 Mrs Lenora Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1937, to Jan 15 1937
I last saw him alive on Jan 14 1937. Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset: Unknown

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Symptoms Was there an autopsy? no

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? no
If so, specify
(Signed) W. R. Terrell M. D.
(Address) Belle Mo