

FEB 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Lafayette
Township Davis
City Higginsville, (No.)

Registration District No. 460
Primary Registration District No. 4274

File No. 6955
Registered No. St. Ward)

2. FULL NAME

James Hubbard 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 Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4th 1852

7. AGE YEARS 84 MONTHS 4 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Lafayette Co. (STATE OR COUNTRY) Missouri.

13. NAME G. K. Campbell

14. BIRTHPLACE (CITY OR TOWN) Huntsville, Ala. (STATE OR COUNTRY)

15. MAIDEN NAME Mary Louisa Walker

16. BIRTHPLACE (CITY OR TOWN) Lafayette Co. (STATE OR COUNTRY) Missouri.

17. INFORMANT H. F. Campbell (ADDRESS) Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville City Cemetery DATE 2/3/37

19. UNDERTAKER A. H. Hader (ADDRESS) Higginsville, Mo.

20. FILED Feb. 6 1937 Tiffany Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11 1935, to Feb 1 1937
I last saw him alive on Jan 31 1937. Death is said to have occurred on the date stated above, at 11:45 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Valvular disease - many years
Associated with Angina Pectoris - 3 mos.
Carcinoma Prostate - several years
Other contributory causes of importance:
Chronic nephritis - about 10 years

Name of operation 51 Date of

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) H. Kappenbrink M. D.
(Address) Higginsville, 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.

