

JUN 28 1937

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

Do not use this space.

21061

File No. _____
Registered No. _____
St. _____ Ward)

1. PLACE OF DEATH
County Ralls Registration District No. 726
Township Shuman Primary Registration District No. 5947
City New London (No. _____) St. _____ Ward)

2. FULL NAME Henry 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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-20-1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 10 19

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

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) Mo

13. NAME Richard Campbell

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

15. MAIDEN NAME _____

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

17. INFORMANT Fannie Campbell
(ADDRESS) New London

18. BURIAL, CREMATION, OR REMOVAL
PLACE New London DATE 5-11-1937

19. UNDERTAKER Geo E Roberts
(ADDRESS) New London Mo

20. FILED May 13 1937 Blanche M. Gordon
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1 1935 to May 7 1937
I last saw him alive on May 4 1937. Death is said to have occurred on the date stated above, at a m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 J Waters, M. D.
(Address) New London Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

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