

AUG 23 1937

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

Do not use this space.

27276

1. PLACE OF DEATH

37 County Green Registration District No. 322 File No. _____
Township Franklin Primary Registration District No. 5446 Registered No. _____
City _____ (No. _____, _____ St. _____ Ward _____)

2. FULL NAME Virginia Sue Campbell

(a) Residence, No. Garbours #2 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 F 4. COLOR OR RACE W 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) 5-20-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 5

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) mo

FATHER
13. NAME Don C. Campbell

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

MOTHER
15. MAIDEN NAME Florida Ludwig

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

17. INFORMANT Don C. Campbell
(ADDRESS) Garbours mo. RFD #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE near Ho-pel Cemetery DATE July 27 1937

19. UNDERTAKER J. W. Kilmann & Co
(ADDRESS) Springfield mo

20. FILED July 27 1937 Allan Barnes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-19 1937, to 7-26 1937

I last saw h. M alive on 7-26 1937. Death is said to have occurred on the date stated above, at 4 P. m.

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

Lobar Pneumonia (Rt. middle) Date of onset 7-19-37
(Rt. middle)

Other contributory causes of importance: 108

Name of operation _____ Date of _____

What test confirmed diagnosis? X-Ray 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 1

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

If so, specify _____

(Signed) R. Fred White, M. D.

(Address) Springfield

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.

X3314

