

SEP 17 1937

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

Do not use this space.

as of Jan 1937
30708
Registered No. 669
St. _____ Ward)

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield Mo (No. 1100 N. National)

2. FULL NAME

(a) Residence, No. 1100 N. National 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

| | | |
|---|---|--|
| SEX <u>Male</u> | 4. COLOR OF RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Mrs Ida Campbell</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 20 1879</u> | | |
| 7. AGE YEARS <u>58</u> | MONTHS <u>7</u> | 3 DAYS <u>3</u> IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoemaker</u> | |
| | 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) <u>Texas Co Mo</u> | | |
| 13. NAME <u>Geo H. Campbell</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va</u> | | |
| 15. MAIDEN NAME <u>Wendell Griffith</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va</u> | | |
| 17. INFORMANT (ADDRESS) <u>Geo Campbell</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Springfield Mo Aug 26 1937</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Springfield Mo</u> | | |
| 20. FILED <u>Aug 26 1937</u> <u>Chas A George</u> Registrar | | |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1933 to Aug 22 1937
I last saw him alive on Aug 22 1937. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Ulcer - Gastric - Non Malignant
Date of onset 1932

Other contributory causes of importance:
Hemorrhage

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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) Francis Blain, M. D.
(Address) Springfield

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.

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