

SEP 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County North
Township South
City Allen No. _____

Registration District No. 103
Primary Registration District No. 45414

File No. 32131
Registered No. _____
St. _____ Ward _____

2. FULL NAME Edith L. Campbell

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 5 19

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

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) Aug 1937 11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granville Iowa

13. NAME James L. Baker

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

15. MAIDEN NAME Sarah Jane Miller

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

17. INFORMANT (ADDRESS) Ed. Campbell Allen Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hick Cemetery DATE _____ 19____

19. UNDERTAKER (ADDRESS) Arch C. Dumble Grant City Mo.

20. FILED 918 1937 Fred Miller M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1937, to Aug 28, 1937
I last saw h. Ed. alive on Aug 28, 1937 Death is said to have occurred on the date stated above, at 9:00 P. m.

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

United registration of heart Date of onset 1930

Other contributory causes of importance: Euleritis 920

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) J. H. ... M. D.
(Address) Grant City, Mo.

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

