

OCT 20 1937

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

 34155
 Do not use this space.

1. PLACE OF DEATH

 (a) County Franklin Registration District No. 294
 (b) Township Central Primary Registration District No. 5409B
 (c) City Moselle (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Amelia Campbell
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Donald D. Campbell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5, 1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 84 1 11

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Saint Thomas, Canada.
 FATHER 13. NAME Joseph Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

 MOTHER 15. MAIDEN NAME Alice Penwarden
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
17. INFORMANT William Campbell
(ADDRESS) Eldon, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Moselle, Mo. DATE Sept. 19, 193719. FUNERAL DIRECTOR Wm. Casey & Co
(ADDRESS) St. Clair, Mo.20. FILED Sept 30 1937 W. E. Hutchins
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14 - 193722. I HEREBY CERTIFY, That I attended deceased from 12-26-36 to 9-11-37I last saw her alive on 7-12-37, 1937 Death is said to have occurred on the date stated above, at 3P m.

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

Mitral Insufficiency

Date of onset

Other contributory causes of importance:

Name of operation None Date of Jan
What test confirmed diagnosis? Chamberlain Was there an autopsy? Yes

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? YesIf so, specify W. E. Hutchins, M. D.(Signed) _____ (Address) St. Clair, Mo.

29 10 37

STATEMENT BY LICENSED EMBALMER

I, K.M. Lenox Licensed Embalmer No. 3601

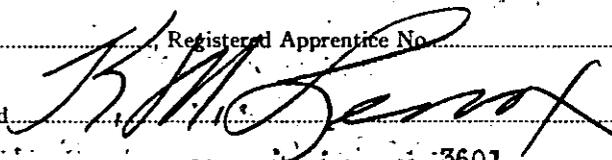
hereby certify that the body recorded on the reverse side of this certificate was embalmed by K.M. Lenox

..... L. E.

No. 3601 or by Registered Apprentice No.

working under my personal supervision.

Signed



..... Licensed Embalmer No. 3601

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)