

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

Do not use this space.

**OCT 20 1937**

**1. PLACE OF DEATH**

County Howell

Registration District No. 384

File No. 34373

Township

Primary Registration District No. 4227

Registered No.

City West Plains, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Clara Campbell

(a) Residence, No. West Plains, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 0 mos. 9 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

**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

John J. Campbell

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

Sept. 6, 1872

**7. AGE**

YEARS 65

MONTHS 0

DAYS 9

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**OCCUPATION**

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

None

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)**

Buffalo, N. MISSOURI

**MOTHER FATHER**

13. NAME Dr. A. G. Hollenbeck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Covington, N.Y.

15. MAIDEN NAME Amelia Talcott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County N.Y.

**17. INFORMANT (ADDRESS)**

A. T. Hoehn, West Plains, Mo.

**18. BURIAL, CREMATION, OR REMOVAL**

OAK LAWN CEM.

PLACE West Plains, Mo. DATE Sept. 16, 1937

**19. UNDERTAKER (ADDRESS)**

Hal Thourburgh, WEST PLAINS, MO.

**20. FILED**

9-16

1937

Vida K. Simons

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)**

Sept. 14, 1937

**22. I HEREBY CERTIFY, That I attended deceased from**

8-28-, 1937, to 9-14-, 1937

I last saw her alive on 9-14-, 1937 Death is said

to have occurred on the date stated above, at 11:45 P.

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

Carcinoma of sigmoid

Date of onset

**Other contributory causes of importance:**

Intestinal Obstruction

Name of operation none 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 \_\_\_\_\_

**24. Was disease or injury in any way related to occupation of deceased? no**

If so, specify \_\_\_\_\_

(Signed) E. B. Cohen, M. D.

(Address) West Plains, Mo.

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.

