

NOV 19 1937

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

Do not use this space.

38140

1. PLACE OF DEATH

County Biringston
Township
City Chillicothe (No.)

Registration District No. 528
Primary Registration District No. 3026

File No.
Registered No. 145
St. Ward

2. FULL NAME Harriett G. Campbell

(a) Residence, No. 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

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 - 1856
7. AGE YEARS 81 MONTHS 4 DAYS 22
If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 - 1937
22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Nov 7, 1937
I last saw him alive on Nov 7, 1937. Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

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

Other contributory causes of importance:
Arterio-sclerosis 1932
Coronary occlusion 11/9/37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Biringston Mo
13. NAME William Hale
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.
15. MAIDEN NAME Elizabeth Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.

Name of operation Physical injury Date of ...
What test confirmed diagnosis? Physical injury Was there an autopsy? W

17. INFORMANT Mamie C Jackson (ADDRESS) Chillicothe Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE Nov 11 - 1937

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.

19. UNDERTAKER Jas D Gordon (ADDRESS) Chillicothe Mo

Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? W
If so, specify

20. FILED Nov 10 1937 Clarence H. Powell Registrar

(Signed) W. M. Campbell M. D.
(Address) Chillicothe Mo

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

579

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THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

W. R. S. GARDNER
PROFESSOR OF CHEMISTRY

CHICAGO, ILLINOIS

TO THE PRESIDENT OF THE UNIVERSITY OF CHICAGO
FROM W. R. S. GARDNER

I have the honor to acknowledge the receipt of your letter of the 10th inst. and in reply to inform you that the same has been forwarded to the appropriate authorities for their consideration.

I am, Sir, very respectfully,
Yours truly,
W. R. S. Gardner

W. R. S. GARDNER
DEPARTMENT OF CHEMISTRY
5800 S. UNIVERSITY AVENUE
CHICAGO, ILLINOIS

RECEIVED
OFFICE OF THE PRESIDENT
UNIVERSITY OF CHICAGO
MAY 15 1964

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DEPARTMENT OF CHEMISTRY

W. R. S. GARDNER
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