

NOV 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Randolph

Registration District No.

735

File No.

38597

Township

Sugar Creek

Primary Registration District No.

37-74

Registered No.

245

City

(No.

5970

St.

Ward)

2. FULL NAME

Rebecca Brown Campbell

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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)

married

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

Chas. Campbell

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

10/8/1890

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.

47

0

22

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)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Monroe Co. Mo.

13. NAME

Ray Brown

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

Mo.

15. MAIDEN NAME

Louisa Satterly

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

Mo.

17. INFORMANT
(ADDRESS)Chas Campbell
moberly mo. R.R.18. BURIAL, CREMATION, OR REMOVAL
PLACE

Oakland moberly

DATE Nov 22, 1937

19. UNDERTAKER
(ADDRESS)Fred Hanson
moberly mo.

20. FILED

Nov 1, 1937

Ethel Blair
Registrar.

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

Oct 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 19, 1937, to Oct. 20, 1937

I last saw her alive on Oct. 30, 1937. Death is said

to have occurred on the date stated above, at 9 p. m.

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

Embolism (cerebral)

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19Where 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) A. L. Moberly, M. D.

(Address)

moberly

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

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