

NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH

 County... Sullivan
 Township... Penn.
 City... Green City (No., St. Ward)

 Registration District No. 849
 Primary Registration District No. 4575

 File No. 38992
 Registered No. 63
2. FULL NAME Ulysses William 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

 3. SEX Male 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 Ursula Campbell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 25

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

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) Kiddville, Mo.

 13. NAME James M. Campbell

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

 15. MAIDEN NAME Jane Sorter

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

 17. INFORMANT Claude Campbell
 (ADDRESS) Kansas City, Mo.

 18. BURIAL, CREMATION, OR REMOVAL PLACE Hawkeye DATE Sept. 29 1937

 19. UNDERTAKER Glenn E. Kent
 (ADDRESS) Green City, Mo.

 20. FILED Nov 9 1937 Virginia Gibson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 19.....; to....., 19.....

I last saw h..... alive on....., 19..... Death is said

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

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

Date of onset

Angina Pectoris
As stated by Dr. J. E. Schaefer
man, Green City, Mo.
Did suddenly

Other contributory causes of importance:

Name of operation none Date of.....What test confirmed diagnosis? Phys. Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None 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. C. Roberts, M. D.(Address) Pollock, 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.

