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.

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

Do not use this space.

2

1. PLACE OF DEATH

12 County Butler — Registration District No. 89 — File No. 2178

2 Township — Primary Registration District No. 3007 — Registered No. 15

2 City Poplar Bluff (No. Peach Street St. Ward)

2. FULL NAME Ida Campbell 514

(a) Residence, No. Peach St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
65	11	6	

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richland County Illinois

FATHER

13. NAME Jonathan Williams

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) John Campbell Walnut Ridge, Arkansas

18. BURIAL, CREMATION, OR REMOVAL Black Creek Cem.
PLACE Butler Co., Mo. DATE Jan 17 1938

19. UNDERTAKER (ADDRESS) Farmers- Union Und. Co. Jonesboro, Arkansas

20. FILED 1/17 1938 O. Clutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 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 545 am m.

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

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

940

Name of operation ... Date of ...

What test confirmed diagnosis? history 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.

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Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 4

If so, specify

(Signed) Grover W Greer Cowner M. D.

89 (Address) Poplar Bluff Mo