

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

21
3146
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 415
 (b) Township Jackson Primary Registration District No. 4247 Registered No. _____
 (c) City Reeds (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John William Campbell 514
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Mayme Campbell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 11 4
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5 1938
 I HEREBY CERTIFY, That I attended deceased from Dec 17th 1936, to Jan 5th 1938
 I last saw him alive on Jan 4th 1938. Death is said to have occurred on the date stated above, at 7 a. m.
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Date of onset 12/30-37
 Other contributory causes of importance?
Vagina Cystitis
Chronic Myocarditis

Name of operation None Date of _____
 What test confirmed diagnosis? Lab. 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) Geo. Bragdon M. D.
 (Address) Reeds Missouri

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

FATHER 13. NAME John Campbell

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

MOTHER 15. MAIDEN NAME Goof

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

17. INFORMANT (ADDRESS) Mrs Mayme Campbell Reeds, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Jarvis Cem. DATE Jan. 6 1938

19. FUNERAL DIRECTOR (ADDRESS) Knee Martens Barthany Missouri

20. FILED 1/5 1938 Geo. Bragdon Local Registrar.

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

RECEIVED

FEB 25 1938

STATISTICS
OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, P. W. K. mill, Licensed Embalmer No. 814

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed P. W. K. mill
Licensed Embalmer No. 814

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)