

Un Cook

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

3888  
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 744  
(b) Township Richmond Primary Registration District No. 5976B Registered No. 104  
(c) City R.F.D. (d) Street No. \_\_\_\_\_  
(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 Marnie Louella Campbell 514

(a) Residence, No. Country R.F.D. 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 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 Thomas Andrew Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27-1870

7. AGE YEARS 67 MONTHS 2 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER 13. NAME Albert H. Fethers

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

MOTHER 15. MAIDEN NAME Hattie Clark

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

17. INFORMANT (ADDRESS) Mr. Thomas Andrew Campbell Richmond

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope, Ray Co. DATE Feb 5th 1938

19. FUNERAL DIRECTOR (ADDRESS) Ch. Whibson, Crick mo

20. FILED 2/10 1938 Mary B. McDonald Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3rd 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-10 38 to 2-3 38  
I last saw her alive on 2-3 1938 Death is said to have occurred on the date stated above, at 10:10A

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

Myocardial Infarction

Other contributory causes of importance: 131

Chronic Nephritis  
Bronchitis obliterans

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis phy. Ex. 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?  
If so, specify Shos J. Cooney (Signed) \_\_\_\_\_, M. D.  
(Address) Richmond 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.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, W. E. Wilson....., Licensed Embalmer No. 2299

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me W. E. Wilson

L. E.

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

Signed W. E. Wilson.....  
Licensed Embalmer No. 2299

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