REC'D MAR 25 1938

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

Do not use this space.

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1. PLACE OF DEATH
County Sullivan — Registration District No. 852 — File No. 8363
Township Jackson — Primary Registration District No. 6124 — Registered No.
City Pollock (No. , St. Ward)

2. FULL NAME Nancy Ann Campbell. 514
(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 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 Annanias Campbell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30, 1856
7. AGE YEARS 81 MONTHS 3 DAYS 3 If LESS than 1 day, hrs. or min.

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) Sullivan Co. Missouri

FATHER
13. NAME Jacob Deering
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Eunice McGee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

17. INFORMANT (ADDRESS) Annanias Campbell Pollock, Mo.
18. BURIAL, CREMATION, OR REMOVAL Fairview Cem. DATE Feb. 6 1938
19. UNDERTAKER (ADDRESS) C. A. Schoene Milan, Mo
20. FILED Mar. 7 1938 Cleo Hagan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 3, 1938
22. I HEREBY CERTIFY That I attended deceased from Jan. 23, 1938 to Feb. 3, 1938
I last saw her alive on Feb. 2, 1938 Death is said to have occurred on the date stated above, at 10:40 p.m.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia — Date of onset Jan. 18

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Other contributory causes of importance:
Chronic Bronchitis
Anemia
Chronic Nephritis

Name of operation none Date of —
What test confirmed diagnosis? Phys. & Chem. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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.
769 (Address) Pollock, Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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