

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

11143
Do not use this space.

REC'D APR 20 1938

1. PLACE OF DEATH

(a) County Jasper Registration District No. 4 16
 (b) Township LaRussell Primary Registration District No. 5571B Registered No. _____
 (c) City LaRussell (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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

Dave C. Campbell 514
 (a) Residence, No. LaRussell 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 Rose Rowden Campbell (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 31, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 2 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Filling Station operator
 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) Marion County / (STATE OR COUNTRY) Arkansas

FATHER 13. NAME John Campbell / 14. BIRTHPLACE (CITY OR TOWN) Tennessee / (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Eliza Bearden 16. BIRTHPLACE (CITY OR TOWN) Tennessee / (STATE OR COUNTRY)

17. INFORMANT Mrs. Rose Campbell (ADDRESS) LaRussell, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harvey Cemetery DATE March 5, 1938

19. FUNERAL DIRECTOR Ulmer Funeral Home (ADDRESS) Carthage, Missouri

20. FILED Mar 4 1938 Harry Simmons Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1938, to Mar 3, 1938. I last saw him alive on Mar 3, 1938. Death is said to have occurred on the date stated above, at 11:50 am

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

Pulmonary Hemorrhage Date of onset 3/3/38
 Other contributory causes of importance: 93'

Name of operation _____ Date of _____
 What test confirmed diagnosis? labial 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 Henry Simmons, M. D.
 (Signed) _____ (Address) Carthage, Mo.

23-

STATEMENT BY LICENSED EMBALMER

I, Ed C. Ulmer, Licensed Embalmer No. 2222

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

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Ed C. Ulmer

Licensed Embalmer No. 2222

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

- (a) County Gasper Registration District No. 416
 (b) Township Sarkose Primary Registration District No. 5571B Registered No. _____
 (c) City _____ (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 Dave C. Campbell

- (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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>64</u>	MONTHS <u>2</u>
	DAYS <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	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)		
FATHER	13. NAME	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE		
19. FUNERAL DIRECTOR (ADDRESS)		
20. FILED _____ 19____		

MEDICAL CERTIFICATE OF DEATH

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

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:

Pulmonary Hemorrhage
 Date of onset 23.

Other contributory causes of importance:
Cause unknown did not treat patient.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

(Signed) LeRoy Simmons, M. D.

(Address) Sarkose

Local Registrar.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 E. PLAIN, Y. WIT.
 size system of the state and carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S state
 CAUSE OF DEATH in plain words, so that it may be properly classified. Exact statement of OCCUPATION is very important.

