

REC'D MAY 18 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14634
Do not use this space.

1. PLACE OF DEATH
 (a) County..... **GREENE** Registration District No..... **318**
 (b) Township..... Primary Registration District No..... **2001** Registered No..... **255**
 (c) City..... **SPRINGFIELD** (d) Street No..... **St. John's Hospital** 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 **Mills Campbell**
 (a) Residence, No. **SUMMERSVILLE Mo** St. **Summersville Mo.**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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) **NORA CAMPBELL**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **NOV 27 1892**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
45	5	4	26	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **FARMER**
 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) **APRIL 20**
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MT. VIEW MISSOURI**

FATHER
 13. NAME **James Campbell**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**

MOTHER
 15. MAIDEN NAME **NANCY SMITH**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MISSOURI**

17. INFORMANT (ADDRESS) **Nora Campbell Summersville Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **SUMMERSVILLE Mo** DATE **April 25 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Alvina Meyer Springfield Mo**

20. FILED **Apr 25 1938** **Chas. George, M.D.**
Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 23 1938**

22. I HEREBY CERTIFY, That I attended deceased from **4/23 1938** to **4/23 1938**
 I last saw him alive on **4/23 1938** Death is said to have occurred on the date stated above, at **8:45 P.M.**
 The principal cause of death and related causes of importance were as follows:
Incarcerated femoral hernia, right side
Paralytic Stems
 Date of onset

Other contributory causes of importance:
12 1/2

Name of operation **Viratomy** Date of **4/23/38**
 What test confirmed diagnosis? **Examination as 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) **W. Ferrell**, M. D.
 (Address) **Springfield 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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.....

..... Licensed Embalmer No.....

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.)