

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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REC'D JUN 15 1938

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

17632
Do not use this space.

1. PLACE OF DEATH

(a) County BATES Registration District No. 50
 (b) Township _____ Primary Registration District No. 3004 Registered No. 34
 (c) City Butler (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

CHARLES MERLYN 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 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs Helen B Campbell (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 1906

7. AGE YEARS 31 MONTHS 9 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck Driver
 9. Industry or business in which work was done, as saw mill, bank, etc. Sales man for Watkins Soda Plant
 10. Date deceased last worked at this occupation (month and year) May 1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Gap, Mo.

FATHER 13. NAME Charley Campbell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co Mo.

MOTHER 15. MAIDEN NAME Luella Lutz Juch
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs Merlyn Campbell Butler Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE May 20th 1938

19. FUNERAL DIRECTOR (ADDRESS) Butlers Butler Mo

20. FILED May 20 1938 Miss H. Culver Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 18 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 8:20 p.m.

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

Gunshot Wound of Head (22 Rifle) Self Inflicted
 Date of onset 167

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide: Suicide Date of injury 5/18 1938

Where did injury occur? BUTLER, BATES Co, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Gunshot Wound (22 Rifle)
 Nature of injury entering Rt side Head & exit on Lt side of Head

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) Richard Hill, M. D.
 (Address) Rich Hill, Mo, Coconer, Bates Co, Mo.

STATEMENT BY LICENSED EMBALMER

I, Henry G. Newell, Licensed Embalmer No. 3111

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

L. E.

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

Signed Henry G. Newell
Licensed Embalmer No. 3111

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.)