

REC'D OCT 18 1938

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

31598
Do not use this space.

1. PLACE OF DEATH
 (a) County Audrain Registration District No. 26
 (b) Township Saltriver Primary Registration District No. 3034
 (c) City MEXICO MO (d) Street No. R.F.D. # 2 Registered No. 122
 (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 Infant of Raymond & Lizzie Campbell 514
 (a) Residence, No. R.F.D. #2, Mexico, Mo. St.
 (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) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9- 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 9-9-38, to 38, 19386. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1938

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

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

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Audrain County, Mo. 0
(STATE OR COUNTRY)

FATHER 13. NAME Raymond Campbell
 14. BIRTHPLACE (CITY OR TOWN) Audrain County, Mo. 0
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lizzie Parrott
 16. BIRTHPLACE (CITY OR TOWN) Hannibal, Mo.
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Raymond Campbell
Mexico MoName of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? 18. BURIAL, CREMATION, OR REMOVAL Audrain County, Mo
Cambell Cemetery, PLACE DATE Sept. 9 193823. 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.19. FUNERAL DIRECTOR (NAME) Family
(ADDRESS)Manner of injury.....
Nature of injury.....20. FILED Sept 9 1938 Blanche Keely
Local Registrar24. Was disease or injury in any way related to occupation of deceased?
 If so, specify..... (Signed) R. W. Van Housen M. D.
 (Address) Mexico Mo

District No. 10-8-38
District No. 10-8-24

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.