

DEC 22 1938

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

40140

Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
(b) Township Prairie Primary Registration District No. 5964 Registered No. _____
(c) City _____ (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

514 Rebecca 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 28, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 | 7 | 23

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. Housewife
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) Kentucky

13. NAME Jack Jennings

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Mary Jane Watson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) John H. Campbell
Clark mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lagonda DATE Nov 23, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tom B. Patton
Huntsville mo

20. FILED Nov 25, 1938 11 Huntsville
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1938, to Nov 21, 1938
I last saw him alive on Nov 20, 1938. Death is said

to have occurred on the date stated above, at 4 P.m.
The principal cause of death and related causes of importance were as follows:

Plen. and imperm. of age.
Hypostatic pneumonia
Date of onset _____

Other contributory causes of importance: 11/2

Name of operation _____ Date of _____

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

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) Rebecca Campbell, M. D.

(Address) Clark mo

RECEIVED

District Health Officer No. 10

District File Number 10-38-

Date Filed 12-13-38

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,

Tom B Patton

, or by

Registered Apprentice No., working under my personal supervision.

Signed

Tom B Patton

Licensed Embalmer No. 3914

P. O. Address

Huntville

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.)

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