

RECD MAR 20 1939

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

Do not use this space.

1. PLACE OF DEATH

County Janey

Township Blair

City Lawson

Registration District No. 859

Primary Registration District No. 6130

File No. 8043

Registered No. 3

2. FULL NAME

(a) Residence, No. 314 St. Thorton Ward.

(Usual place of abode)

St. no Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

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 (OR) WIFE OF Mrs Blouch Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 1 1876

7. AGE

YEARS 63

MONTHS 5

DAYS 1

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Ray Co. Mo.

FATHER

13. NAME James J Campbell

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

MOTHER

15. MAIDEN NAME Mary

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

17. INFORMANT Mrs J.E. Campbell

(ADDRESS) Lawson, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lawson, Mo. DATE 7/5 1939

19. UNDERTAKER Whelchel Funeral Home

(ADDRESS) Ray, Mo.

20. FILED 3

19. 39

John A. Baxter

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2nd 1939

22. I HEREBY CERTIFY, That I attended deceased from

19....., to 19....., 19.....
I last saw h. in. alive on 2-2-39 Death is said

to have occurred on the date stated above, at 2 P.M.

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

Killed accidentally -
Marched between
tree & truck -
in the woods
near Ridgedal, Mo.

Other contributory causes of importance:

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) Ed Arnold - Colonel M. D.

774 (Address) Forsyth, 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-290

Date Filed MAR 10 1939

sent to [unclear]