

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Four Primary Registration District No. 10017
 City Basins City (No. St. Joseph Hospital) St. _____ Ward)

9799

File No. _____ Registered No. 20

2. FULL NAME

5' 10" Baby Campbell - Linda Mae Campbell
 (a) Residence, No. Clinton mo St. _____ Ward St. Joseph Hosp
 (Usual place of abode) (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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 8 - 1939</u> | | |
| 7. AGE YEARS | MONTHS | DAYS |
| <u>Still Borne</u> | | |
| 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. | | <u>None</u> |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | <u>✓</u> |
| 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) <u>H. C. mo</u> | | |
| FATHER | 13. NAME <u>Carl S. Campbell</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osage mo</u> | |
| MOTHER | 15. MAIDEN NAME <u>Genevieve Vincent</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton mo</u> | |
| 17. INFORMANT (ADDRESS) <u>Carl Campbell</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Englewood</u> DATE <u>Feb 90</u> 19 <u>39</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Vincent Funeral Service Clinton mo</u> | | |
| 20. FILED <u>2/9</u> 19 <u>39</u> <u>M. M. Brown</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19____

22. I HEREBY CERTIFY That I attended deceased from Feb 8, 1939, to Feb 9, 1939.

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

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

Stroke

Date of onset _____

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) John Mal _____, M. D.
 (Address) mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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