

DEC'D APR 13 1939

R. Williams

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

10822

Do not use this space.

1. PLACE OF DEATH

(a) County GREENERegistration District No. 575(b) Township SPRINGFIELDPrimary Registration District No. 2001(c) City SPRINGFIELD(d) Street No. 758 W. ElmRegistered No. 235

(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

(a) Residence, No. 758 W. Elm

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Tulley O Campbell

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

Oct. 19, 1878

7. AGE

YEARS
60MONTHS
4DAYS
29

IF LESS THAN 1 day, hrs. or min.

OCCUPATION

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

Housewife

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Round County
Kentucky

FATHER

13. NAME

(unk) De Witt

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

Kentucky

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Tulley O Campbell
Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACED McConnell Cem. DATE March 20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

H. H. Lohmeyer
Springfield, Mo.

20. FILED

Mar 20 1939 Chas A George Mo
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 193922. I HEREBY CERTIFY That I attended deceased from March 17 1939 March 18 1939I last saw her alive on March 18 1939. Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Lobar Pneumonia

Date of onset

3/10/39

Other contributory causes of importance:

Chronic Gall Bladder Disease OKName of operation None

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? No 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 No

Nature of injury

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

If so, specify

(Signed)

Robert Williams

, M. D.

(Address)

Springfield Mo

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. 3808

P. O. Address..... Springfield, MD

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.