

AUG 7 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

25708

Do not use this space.

## 1. PLACE OF DEATH

(a) County Henry Registration District No. 347  
 (b) Township Clinton Primary Registration District No. 3818  
 (c) City Clinton (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 303 N. Rogers 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Grant Campbell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-25-1864</u>		
7. AGE <u>75</u>	YEARS <u>3</u>	MONTHS <u>14</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>Life</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Haverly Mo</u>		
13. NAME <u>Nathan Salmon</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Addie</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Beessie Newmeyer</u> (ADDRESS) <u>H. C. Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Hickory Grove</u> PLACE <u>Humansville Mo</u> DATE <u>7-11</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Fred Wilkinson</u> <u>Clinton Mo</u>		
20. FILED <u>7-29</u> 19 <u>39</u> <u>Dr. R. R. Sampson</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9 1939

22. HEREBY CERTIFY, That I attended deceased from July 1 1939 to July 9 1939  
 First saw deceased alive on 7-9-39 1939. Death is said to have occurred on the date stated above, at 6:00 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of stomach  
 Date of onset 46

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) Joseph B. Orell M. D.  
 (Address) Clinton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. 7;  
District File Number 7-39-1085-  
Date Filed 8-2-39

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.....

*Fred Wickness*

Licensed Embalmer No. 7478

P. O. Address Clinton, N.Y.

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.