

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

44374
 Do not use this space.

1. PLACE OF DEATH
 (a) County Putnam 2 Registration District No. 718
 (b) Township Unionville 1 Primary Registration District No. 6480 Registered No. 45-
 (c) City Unionville (d) Street No. _____ 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 Mary Carolina 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. Campbell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 14-1869</u>		
7. AGE <u>70</u>	YEARS <u>7</u>	MONTHS <u>21</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. <u>Housework</u>
10. Date deceased last worked at this occupation (month and year) <u>Aug. 9, 1939</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Putnam Co Mo.</u>		
FATHER	13. NAME <u>William Triplett</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
MOTHER	15. MAIDEN NAME <u>Sarah E. Maize</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Davis Iowa</u>	
17. INFORMANT <u>John Triplett</u> (ADDRESS) <u>Unionville Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Unionville</u> DATE <u>Dec 7</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) <u>Emitch Mess</u> (ADDRESS) <u>Unionville Mo.</u>		
20. FILED <u>Dec 7</u> 19 <u>39</u> <u>J. W. Gilliam</u> 645 (Address) <u>Unionville Mo.</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-5-1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1939, to Dec-5, 1939
 I last saw him alive on Dec-4, 1939 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:
Diabetes Mellitus 1936
Chronic Nephritis 1936
Gen. arteriosclerosis 1934

Other contributory causes of importance:
59

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? No
 If so, specify _____ (Signed) J. Neal Martin M. D.
Unionville 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. 10

District File Number 1-40-125

Date Filed JAN 10 1940

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 J. W. Constock

Registered Apprentice No. 132, working under my personal supervision.

Signed J. W. Constock

Licensed Embalmer No. 3891

P. O. Address Unionville, Mo.

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.