FILED APR 18 1940

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

Do not use this space.

1. PLACE OF DEATH
County Atchison — Registration District No. 19
Township Clay — Primary Registration District No. 4013
City Rock Port Mo (No. ..... St. ..... Ward)

File No. 10030
Registered No. .....

2. FULL NAME 514 Lucy Sanford Campbell
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8-1865
7. AGE YEARS 75 MONTHS 2 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
9. Industry or business in which work was done, as silk mill, 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) Putney Vermont

FATHER
13. NAME Hugh Campbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putney Vermont

MOTHER
15. MAIDEN NAME Henrietta Sanford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putney Vermont

17. INFORMANT (ADDRESS) Mrs Frank Stely Rock Port Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Grunfell DATE Mar 28 1940
19. UNDERTAKER (ADDRESS) C E Bertram Rock Port Mo
20. FILED Mar 24 1940 Mary J. Chamberlain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 25 1940
22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1939 to Mch 26 1940
I last saw her alive on Mch 25 1940 Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:
cerebral apoplexy — Date of onset
82 A'
Other contributory causes of importance:
arteriosclerosis
Name of operation ✓ Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? No
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) Chas. T. Settle M. D.
(Address) Rock Port 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.

SOM-10-22-36 X9314

RECEIVED
District Health Officer No. 11,
District File Number 440-452
Date Filed APR 9 1940