

NOV 20 1940

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

35858  
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 571  
(b) Township Walker Primary Registration District No. 4335  
(c) City California or (d) Street No. LATHAM SANATORIUM Registered No. 65  
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James Julius Campbell  
(a) Residence, No. California 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary J. Ashton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 13-1855

7. AGE YEARS 85 MONTHS 4 DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Franklyn County (STATE OR COUNTRY) Missouri

FATHER 13. NAME Steward Campbell

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

MOTHER 15. MAIDEN NAME Elizabeth Drace

16. BIRTHPLACE (CITY OR TOWN) Franklyn County (STATE OR COUNTRY) Mo.

17. INFORMANT Mary E. Miller (ADDRESS) Spartan, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE Oct 6 1940

19. FUNERAL DIRECTOR (NAME) W. F. Kidwell (ADDRESS) Versailles, Mo.

20. FILED 10-4-40 H. R. Popejoy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1940 to Oct 4 1940

I last saw him alive on Oct 4 1940 Death is said to have occurred on the date stated above, at 5:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Chronic prostatitis & cystitis with hypertrophy of prostatic gland  
Date of onset Probably 5 yrs ago

Other contributory causes of importance: 1979

Nephritis due to prostatitis.

Name of operation none Date of

What test confirmed diagnosis? Examination 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

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) L. L. Latham, M. D.

(Address) California no

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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**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.....

*Gene Bartram*  
.....  
Licensed Embalmer No. *4021*

P. O. Address *Versailles, 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.**