

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.

JAN 25 1941

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

Do not use this space.

42483

1. PLACE OF DEATH

County Gentry  
Township Adrian  
City (No. )

Registration District No. 309  
Primary Registration District No. 5427

File No. \_\_\_\_\_  
Registered No. 46  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lola Belle Campbell

(a) Residence, No. 6 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9 - 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
57 0 2

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
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) Albany Mo. 0

FATHER  
13. NAME George Holt

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

MOTHER  
15. MAIDEN NAME Jessie Williams

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

17. INFORMANT Mrs. Olin Fugett  
(ADDRESS) Darlington Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Grandview DATE Dec. 12, 1940

19. UNDERTAKER A. J. Base  
(ADDRESS) Albany Mo.

20. FILED Dec 19, 1940 W. S. Martin  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1940., to Dec. 11, 1940.  
I last saw her... alive on Dec. 11, 1940. Death is said to have occurred on the date stated above, at 4:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset ?

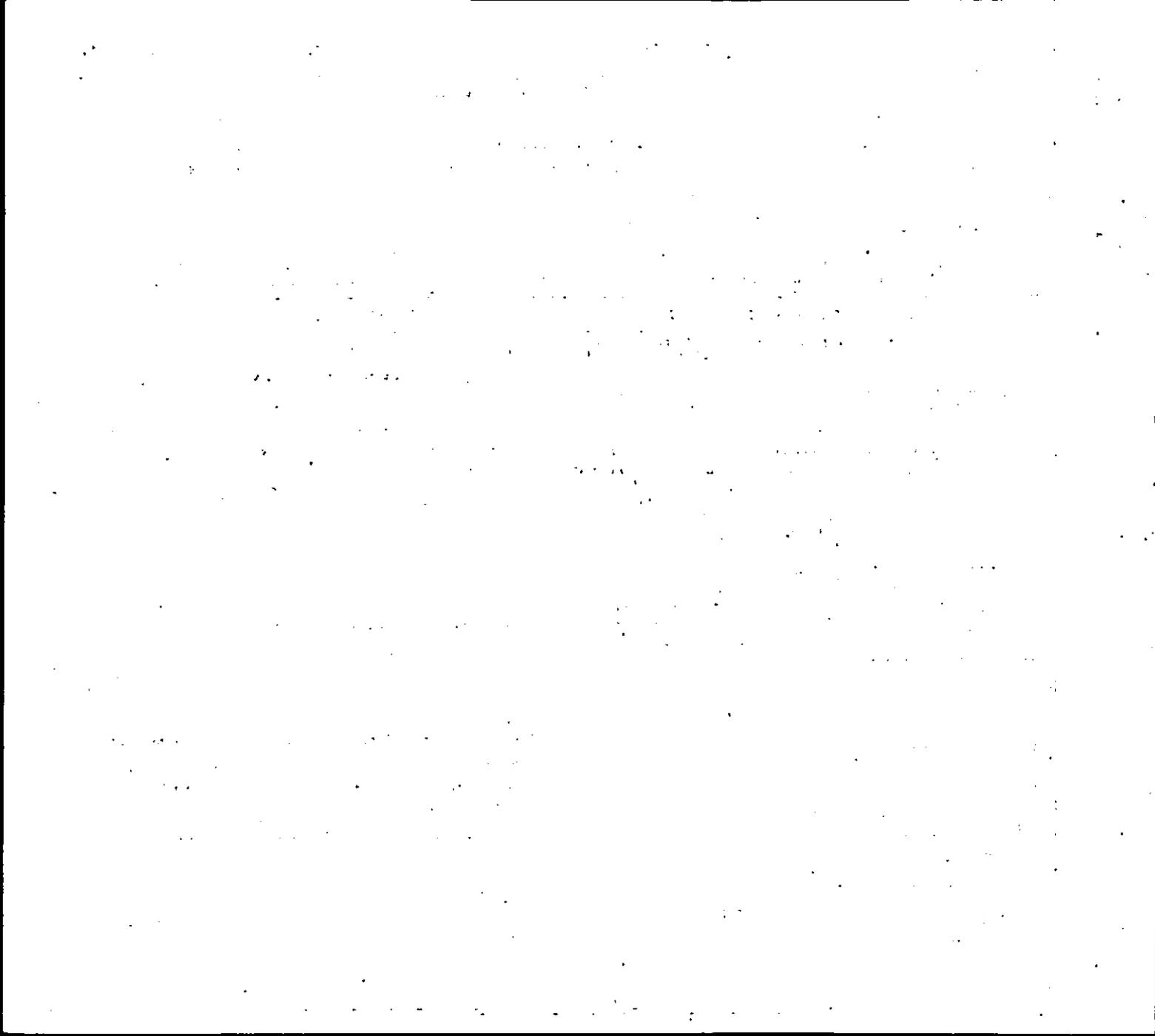
Other contributory causes of importance:  
pleurisy 59  
bronchial pneumonia 8-9-40  
8-10-40

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? laboratory 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) Frank R. H. Rose M. D.  
Address Albany Mo.



MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42483

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 309

Primary Registration District No. 2427

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Gentry  
(b) City or town Atkins  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lola Belle Campbell  
3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife, if alive, year  
7. Birth date of deceased (Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)  
10. Usual occupation  
11. Industry or business  
MOTHER FATHER { 12. Name  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address  
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation  
18. (a) Signature of funeral director  
(b) Address  
19. (a) Feb 17, 1941 (b) W. G. Martin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Gentry  
(c) City or town Albany, Rural  
(If outside city or town limits write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11  
year 1940 hour minute M.  
21. I hereby certify that I attended the deceased from 19... to 19...  
that I last saw h... alive on 19... and that death occurred on the date and hour stated above.  
Immediate cause of death

Due to...  
Due to...  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy  
Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature Frank H. Rose (M. D. or other)  
Address Albany MO Date signed

NEGATIVE

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