FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1661

Registration District No. 39 Primary Registration District No. 4023 Registrar's 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.

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Golden City (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 (Specify whether years, months or days) In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Golden City (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.

3. (a) PRINT FULL NAME SYLVESTER SAMUEL CAMPBELL

3. (b) If veteran, name war ✓

3. (c) Social Security No. 6-44

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Sarah Ellen Campbell

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 16 (Day) 1849 (Year)

8. AGE: Years 91 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Prospect (City, town, or county) Pa. (State or foreign country)

10. Usual occupation Farmer (Retired 20 yrs.)

11. Industry or business

FATHER
12. Name Chas. Obryan Campbell
13. Birthplace (City, town, or county) Pa. (State or foreign country)

MOTHER
14. Maiden name Mary Ann Campbell
15. Birthplace Prospect (City, town, or county) Pa. (State or foreign country)

16. (a) Informant's own signature Bertha Grandclair

(b) Address Yale Okla Box 375

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25-1941 (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cem. Golden City, Mo

18. (a) Signature of funeral director E. A. Phillips

(b) Address Golden City Mo

19. (a) Jan 25/41 (Date received local registrar) (b) Mrs Margaret T. Joy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 23 day Jan year 1941 hour 11 minute 15 P M.

21. I hereby certify that I attended the deceased from Jan 22, 1941, to Jan 23, 1941; that I last saw him alive on Jan 22, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage due To Arterio Sclerosis	
Due to	
Due to 8 3 W	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

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While at work? (e) Means of injury

23. Signature J M Brooks MD (M. D. or other)

Address Golden City Mo Date signed Jan 24-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District [illegible] Office No. [illegible]
141-242
District [illegible]
Date Rec'd FEB 7 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.