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.

FILED MAR 10 1943

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

Do not use this space.

6177

1. PLACE OF DEATH

31 County Daviess — Registration District No. 98 — 31 — File No.

0 Township — Primary Registration District No. 4163 — 0 — Registered No. 11

0 City Jamesport (No. , 0 St. Ward)

2. FULL NAME LEONA CAMPBELL

(a) Residence, No. (Usual place of abode) 7 St., Ward. (If nonresident, give city or town and State)

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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: EDWARD CAMPBELL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 18. 1878

7. AGE: YEARS 65 — MONTHS 0 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): Missouri Genting Co 0

FATHER

13. NAME: JOHN OSCAR RANDOL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo 0

MOTHER

15. MAIDEN NAME: MARY ANN CILES
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

17. INFORMANT (ADDRESS): Nellie Miller Jamesport.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Masonic DATE: Feb 2 1943

19. UNDERTAKER (ADDRESS): H. S. Robinson Jamesport Mo.

20. FILED: Feby 6 1943 L. O. Richesson Registrar

1084

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 30 1943

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to Jan 30, 1943

I last saw her alive on Jan 29, 1943. Death is said to have occurred on the date stated above, at 3:00 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder — Date of onset

Other contributory causes of importance: 52 b

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? .....

If so, specify .....

(Signed) F. B. Bailey M.D.

(Address) Jamesport Mo 2-5-43