

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.

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

9900
Do not use this space.

FILED APR 9 1943

1. PLACE OF DEATH

(a) County Carter Registration District No. 1639 58
 (b) Township Kelley Primary Registration District No. 5806-5218 Registered No. 11
 (c) City Rural (d) Street No. 1
(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 Chas. Tecumseh Campbell

(a) Residence, No. Rural, Kelley twp. Carter Co. Mo. st. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mazo (Holland) Campbell, (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 16, 1876,
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Common labor.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 3-27-43 (dropped dead while working) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo, N. Y.

13. NAME Thos. John Campbell,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada,

15. MAIDEN NAME Nettie Ellen Ingram.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo, N. Y.

17. INFORMANT Mazo Campbell, (ADDRESS) Van Buren, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kelley Cem. DATE 3-29-43

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Pawitt Funeral Home Van Buren, Mo.

20. FILED March 28, 1943 Miss A. J. Smith Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27, 1943

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis-

Other contributory causes of importance:

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) T. W. Cotton T. W. Cotton, M. D. (Address) Van Buren, Mo.

1078

RECEIVED

District Health Officer No. 55,

District File Number 143917

Date Filed 4-7-43

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 Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.