

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

Do not use this space.

36655

1. PLACE OF DEATH

County Henry
Township Clinton
City

Registration District No. 347
Primary Registration District No. 5488

File No.
Registered No. 126
St. Ward)

2. FULL NAME

William Campbell

(a) Residence. No. St., Ward.
(Usual place of abode) (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1843

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>84</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farm Helper, 16⁵⁵
(b) General nature of industry, business, or establishment in which employed (or employer) Neighbors.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Hauulin Co. Mo.

10. NAME OF FATHER

Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

12. MAIDEN NAME OF MOTHER

Don't know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know.

14.

INFORMANT Al Loyd
(Address) Clinton Mo. R.R #4.

15.

FILED Dec 20, 19 27 Dr. E. C. Peeler
REGISTRAR
by J. J.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 18th 19 27.

17. I HEREBY CERTIFY, That I attended deceased from
that I last saw him live above on Dec. 18th, 19 27., and that death occurred, on the date stated above, at

THE CAUSE OF DEATH WAS AS FOLLOWS: Suicide.
Coroner jury rendered verdict that deceased came to his death from wounds in throat self inflicted with knife using vessel of knife in two suicidal.

CONTRIBUTORY (SECONDARY) Alcohol Delirious framing some person was going to kill him.

18. WHERE WAS DISEASE CONTRACTED At place of death.

DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓

WAS THERE AN AUTOPSY? No. Coroner Inquest.

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. J. Jennings, M. D.
, 19 (Address) Coroner of Henry Co. Mo.

*State the DISEASE CAUSING DEATH, or in deaths from Violence, the (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDE, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood Cemetery DATE OF BURIAL Dec. 20 19 27.

20. UNDERTAKER Sims-Wilkinson & Co ADDRESS Clinton Mo.

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.

