

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

Do not use this space.

33571

**1. PLACE OF DEATH**

County Henry  
Township \_\_\_\_\_  
City Clinton (No. 919)

Registration District No. 347  
Primary Registration District No. 3018

File No. \_\_\_\_\_  
Registered No. 130  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jas. Robert 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 <u>male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. J. R. Campbell</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 27 - 1850</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>2</u>	DAYS <u>24</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired merchant</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Santa Fe, Mo</u>		
10. NAME OF FATHER <u>Raleigh Campbell</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
12. MAIDEN NAME OF MOTHER <u>Clara Creed</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 23 1929

17. I HEREBY CERTIFY, That I attended deceased from 27 1929 to Oct 23 1929 that I last saw him alive on Oct 23, 1929, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Bright Diseases  
131  
114B / 114C  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY)  
absence of Right Lung  
(duration) \_\_\_\_\_ yrs. 2 mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? none

WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) J. R. Campbell, M. D.  
, 19 1929 (Address) 103 1/2 W. Franklin

\*State the DISEASE CAUSING DEATH, or in death from violent CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mrs. J. R. Campbell  
(Address) Clinton Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor Mo DATE OF BURIAL 10-24 1929

15. FILED 10-24 1929 Dr. E. C. Peeler  
REGISTRAR

20. UNDERTAKER Spore Son Clinton  
ADDRESS \_\_\_\_\_

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.

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