

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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4
7

NOV 24 1930

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

Do not use this space.

35950

1. PLACE OF DEATH

County Henry
Township.....
City Clinton (No.....)

Registration District No. 347
Primary Registration District No. 3018

File No.....
Registered No. 86
St..... Ward.....

2. FULL NAME

Clid Campbell
(a) Residence. No. 8th + Lincoln 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 7 4. COLOR OR RACE N 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) Dec 13 - 1920

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.
9 10 21

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Clinton Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Frank Campbell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Coal Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Grace Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dipton Ind.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Frank Campbell
(Address) Clinton Mo

15. FILED Nov. 5, 1930 Dr. E. C. Peelor
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 4 1930

17. I HEREBY CERTIFY, That I attended deceased from 10/16, 1920, to Nov. 4, 1930, that I last saw her alive on Nov. 4, 1930, and that death occurred, on the date stated above, at 8 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pericarditis 2nd attack
first attack 6 mo ago
56E
90B (duration) yrs. mos. ds.

CONTRIBUTORY Acute articular
(SECONDARY) cherrumations (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

55111
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Ed. C. Peelor M. D.
, 19 (Address) Clinton Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Goodhope Cemetery DATE OF BURIAL Nov 5 1930

20. UNDERTAKER Spou Hoy ADDRESS Clinton

