

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Regulator
City Montrose Mo (No. _____)

Registration District No. 352
Primary Registration District No. 4209

File No. 16492
Registered No. 6
St. _____ Ward _____

2. FULL NAME Geo. Frank 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 M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16-1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>67</u>	<u>11</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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 COUNTY) Missouri

FATHER 13. NAME James Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Virginia

MOTHER 15. MAIDEN NAME Pitts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Kentucky

17. INFORMANT (ADDRESS) Chas Campbell

18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose DATE May 10 34

19. UNDERTAKER (ADDRESS) Welling Bus

20. FILED May 10 19 34 J. M. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to May 9 1934

I last saw him alive on May 8 1934 Death is said to have occurred on the date stated above, at 6:45 a.m.

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

Carcinoma of Bladder Date of onset 1933

51 B
150 B
51

Other contributory causes of importance:

Name of operation Cystotomy Date of 3-19-34

What test confirmed diagnosis? B. & P. U. Was there an autopsy? No

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? No

If so, specify _____

(Signed) A. P. Eder (Address) Montrose, Mo

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.

JUN 21 1934

