

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

Do not use this space.

APR 18 1936

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10325

1. PLACE OF DEATH

County Monroe
Township Deerfield
City Monroe (No. St. Ward)

Registration District No. 352
Primary Registration District No. 4209

File No.
Registered No. 7

2. FULL NAME Allie B. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 10, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 1 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Domestic
(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) Missouri

10. NAME OF FATHER M. V. Brown

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

12. MAIDEN NAME OF MOTHER Helen M. Cecil

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

14. INFORMANT Eunice Brown (Address) Monroe Mo

15. FILED mdy 19 1936 J. M. Miller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 27 1936

17. I HEREBY CERTIFY, That I attended deceased from March 19, 1936, to March 27, 1936 that I last saw him alive on March 26, 1936, and that death occurred, on the date stated above, at 12:15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Encephalitis

CONTRIBUTORY (SECONDARY)

78 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH..... ✓

DID AN OPERATION PRECEDE DEATH? no DATE OF 2

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) J. M. Miller M. D.

mdy 19 1936 (Address) Monroe 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 Monroe DATE OF BURIAL Mar 29 1936

20. UNDERTAKER Swelling Bros ADDRESS 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.



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

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1. PLACE OF DEATH

County Henry
Township _____
City _____ (No. _____)

Registration District No. 352
Primary Registration District No. 4209

File No. 10325
Registered No. 7 (Ward)

2. FULL NAME Allie B. Campbell

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10 - 72

7. AGE YEARS MONTHS DAYS IF LESS than 12 days, hrs. or min. 64 1 12

8. Trade, profession, or particular kind of work done, as splanner, 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) _____ Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19__

19. UNDERTAKER (ADDRESS) _____

20. FILED March 29th 1936 Mrs. Clara T. Harwood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__, to _____, 19__

I saw h. _____ 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:
Encephalitis

The above case of Encephalitis was not Epidemic. Was filed March 29th, 1936.

Other contributory causes of importance: Mrs. Clara T. Harwood Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes, name, and 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, 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) J. M. Miller, M. D.
(Address) Montrose Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. OCCUPATION should be stated EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

DECLARATION

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