

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.

OCT 21 1936

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

Do not use this space.

34261

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No. _____)

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Frank Campbell
(a) Residence, No. 1731 E. Franklin St. 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 M 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED—WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace May Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 8 18

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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 COUNTRY) Coal Mo.13. NAME Frank Campbell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Mary Connelly16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT (ADDRESS) Carl P. Campbell18. BURIAL, CREMATION, OR REMOVAL PLACE Good Hope DATE Sept 10, 193619. UNDERTAKER (ADDRESS) Spore & Son20. FILED 9-18-36 J. R. Hamilton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-14, 1936, to _____, 19____
Last saw him alive on 9-14, 1936 Death is said to have occurred on the date stated above, at 7 a. m.

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

Coronary Thrombosis (Date of onset 9/14/36)
940

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Chin. E. at 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 Ed. C. Jellor

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

28 30 44
1926 9-14-44
1867 12-26

68. 8 18