

REC'D APR 19 1938

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

Do not use this space.

10904

1. PLACE OF DEATH

County Henry  
Township Leesville  
City Near Coal, Mo. (No. ...., St. .... Ward)

Registration District No. 387  
Primary Registration District No. 5501A

File No. ....  
Registered No. ....

2. FULL NAME Edward Brumfield Campbell 514

(a) Residence, No. R. D. 2, Brownington, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWER, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Mary Ellen Deatherage Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 1, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
58 5 11

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

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) March 11, 1938 11. Total time (years) All spent in this occupation his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coal, Missouri

13. NAME Frank Campbell

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

15. MAIDEN NAME Mary Martin

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

17. INFORMANT (ADDRESS) Mildred Briggs  
Clinton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE ENGLEWOOD DATE 3-13-38

19. UNDERTAKER CONSALUS + PECK (ADDRESS) CLINTON, MO.

20. FILED 3/14 1938 W. J. P. Hamilton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1938

22. I HEREBY CERTIFY, That I Edward deceased from 1938, to March 11, 1938. Death is said to have occurred on the date stated above, at 11 m. The principal cause of death and related causes of importance were as follows:

Sunstroke wound of the chest Date of onset March 11/38

Other contributory causes of importance: None 167-

Name of operation None Date of .....  
What test confirmed diagnosis? Edema Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accidental Date of injury March 11, 1938  
Where did injury occur? Near Leesville, Brown Co. Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. In home  
Manner of injury Sunstroke wound of chest  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....  
(Signed) S. B. Hughes M. D.  
(Address) Clinton, 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.

