

REC'D SEP 23 1938

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

29013
Do not use this space.

1. PLACE OF DEATH
(a) County Henry Registration District No. 347
(b) Township Clinton Primary Registration District No. 3018 Registered No. _____
(c) City Clinton (d) Street No. Community Clinic Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
2. PRINT FULL NAME Bobby Joe Campbell 514
(a) Residence, No. 500 S. Washington St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) July 28-1935
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 1 17
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) Clinton Mo.
13. NAME Carl E. Campbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo.
15. MAIDEN NAME Dora Leah Myers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cairnville Mo.
17. INFORMANT (ADDRESS) Carl E. Campbell Clinton Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 9/12 1938
19. FUNERAL DIRECTOR (ADDRESS) Consalvey, Puck Clinton Mo.
20. FILED 9-12 1938 W. J. P. Hampton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1938
22. I HEREBY CERTIFY, That I attended deceased from _____
I last saw him live on Sept 11, 1938 Death is said to have occurred on the date stated above, at 1:55 p. m.
The principal cause of death and related causes of importance were as follows:
Fractured abdomen due to striking by car Sept 10
Date of onset Sept 10
Other contributory causes of importance: None
Name of operation _____ Date of _____
What test confirmed diagnosis? examined Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 9-10 1938
Where did injury occur? Clinton Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home
Manner of injury run over by automobile
Nature of injury abdominal trauma
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) S. P. Taylor M. D.
(Address) Crown Hill, Clinton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-20-37 1 X12004

RECEIVED

District Health Officer No. 7,

District File Number: 7-28-81

Date Filed 9-14-38

STATEMENT BY LICENSED EMBALMER

I, J E Consalman, Licensed Embalmer No. 1891

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed J E Consalman
Licensed Embalmer No. 1891

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)