

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

Do not use this space.

28274

1. PLACE OF DEATH

County Lewis Registration District No. 477
 Township Primary Registration District No. 4286
 City Canton (No.) St. Ward

2. FULL NAME Lucile 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

1 MEDICAL CERTIFICATE OF DEATH

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1928, to Aug 21, 1929
 that I last saw her alive on Aug 21, 1929, and that death occurred, on the date stated above, at 5 P.M.

Female Black Single

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A (duration) yrs. 10 mos. ds.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 14 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 11 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Canton (STATE OR COUNTRY) Mississippi

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER James Campbell

DID AN OPERATION PRECEDE DEATH? No DATE OF..... WAS THERE AN AUTOPSY? No

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

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. H. Harris, M. D. (Address) Canton, Mo.

12. MAIDEN NAME OF MOTHER Effie Mae Range

*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.

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

14. INFORMANT James Campbell (Address) Canton Missouri

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Green Cemetery DATE OF BURIAL Aug 23 1929

15. FILED Aug 22 1929 W. H. Harris REGISTRAR

20. UNDERTAKER Carl B. Buckley ADDRESS Canton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

56
1929

204

