

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

Do not use this space.

38157

1. PLACE OF DEATH

County Ray
Township Knoxville
City Richmond R.F.D. (No.)

Registration District No. 915
Primary Registration District No. 6236

File No.
Registered No. 15 (Ward)

2. FULL NAME Julia Ann 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 (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12 1846

7. AGE 83 Years 8 Months 18 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(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) Ray Co Mo.

10. NAME OF FATHER William Vanbebber

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo.

12. MAIDEN NAME OF MOTHER Elizabeth Barber

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo.

14. INFORMANT (Address) Mrs. Nerry Kincaid Richmond Mo R.F.D.

15. FILED Nov 28 1929 Mrs. G. W. Gaines REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) NOV 28 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1929, to Nov 28, 1929, that I last saw her alive on Nov 26, 1929, and that death occurred, on the date stated above, at 6:10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis

CONTRIBUTORY (SECONDARY) Insanity (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? no DATE OF U
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Chemical
(Signed) G. W. Gaines, M. D.

Nov 28 1929 (Address) Rayville 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 Vanbebber Cem. DATE OF BURIAL 11 29 2

20. UNDERTAKER W. T. Mansur ADDRESS Richmond 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. AGE should be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. OCCUPATION is very important. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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