

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

Do not use this space.

19098

1. PLACE OF DEATH

29 County Dade Registration District No. 237
 Township Washington Primary Registration District No. 6329
 City Greenfield (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 25

2. FULL NAME Chas J. Campbell

(a) Residence, No. 8 Pennington 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 9, 1915</u>		
7. AGE YEARS <u>16</u>	MONTHS <u>9</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>school boy</u>		
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) <u>Dade Co Mo</u>		
13. NAME <u>Chas Lewis Campbell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dade Co Mo</u>		
15. MAIDEN NAME <u>Loa Nail</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dade Co Mo</u>		
17. INFORMANT (ADDRESS) <u>Chas J. Campbell Pennington Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pennington Mo</u> DATE <u>July 1, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Jawward Greenfield Mo</u>		
20. FILED <u>June 30, 1932</u> <u>CCB</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1932

22. I HEREBY CERTIFY That I attended deceased from June 28, 1932 to June 30, 1932
 I last saw him alive on June 29, 1932. Death is said to have occurred on the date stated above, at 12 p. m.
 The principal cause of death and related causes of importance were as follows:
Severe concussion of brain
210F
210M
103B
 Other contributory causes of importance: Severe hemorrhage from wounds of both scalp and other lacerations about face and at shoulder
 Name of operation severe treatment of wounds Date of June 28, 32
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury June 28, 1932
 Where did injury occur? Pennington Missouri (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. public place
 Manner of injury Fall from moving truck
 Nature of injury severe lacerations about scalp face & chest

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. J. Custer M. D.
 (Address) Greenfield Mo.

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.

MAY 23 1932

