

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

Do not use this space.

13561

1. PLACE OF DEATH
 County Jackson Registration District No. 400
 Township Prairie Primary Registration District No. 4235
 City Lewis Summit (No. _____) St. _____ Ward _____

2. FULL NAME Nancy J. Campbell
 (a) Residence, No. Lewis Summit St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 1 25

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

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) Germany Mo.

13. NAME Theodore Bates

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany

15. MAIDEN NAME Nancy Ellis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Tenn

17. INFORMANT (ADDRESS) Mrs. B. J. Hershberger Lewis Summit Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 4-28-33

19. UNDERTAKER (ADDRESS) Fields - James Co. Lewis Summit Mo.

20. FILED 4-23-33 William J. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21 - 1933

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1933 to April 01, 1933
 I last saw her alive on April 21, 1933 Death is said to have occurred on the date stated above, at 7:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Hypertension
Chronic nephritis
arteriosclerosis
uremia
 Other contributory causes of importance
Cerebral edema

Date of onset	1930
	1930
	1933
	1933

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Clint L. Miller, M. D.
 (Address) Lewis Summit Mo.

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.

MAY 22 1933

