Do not use this space.

**36309**

**1. PLACE OF DEATH**

County _Henry_

Township _Clinton_

City _Clinton_ (No. _____ , _____ St. _____ Ward)

Registration District No. _347_

Primary Registration District No. _3 6 18_

File No. _____

Registered No. _73_

**2. FULL NAME** _Harold Eugene 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

**3. SEX** _Male_

**4. COLOR OR RACE** _White_

**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) _____

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

**6. DATE OF BIRTH** (MONTH, DAY, AND YEAR) _Nov 10 1933_

**7. AGE** YEARS _____ MONTHS _____ DAYS _16_ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

**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) _Clinton Mo_

FATHER

**13. NAME** _Chester Campbell_

**14. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) _Bates Co._

MOTHER

**15. MAIDEN NAME** _Elsie Hunter_

**16. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) _Montrose Mo_

**17. INFORMANT** (ADDRESS) _Chester Campbell Clinton_

**18. BURIAL, CREMATION, OR REMOVAL** PLACE _Urich_ DATE _11/27_ 33

**19. UNDERTAKER** (ADDRESS) _Spry & Son Clinton Mo._

**20. FILED** _11/24_ 1933 _J. R. Hampton_ Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** (MONTH, DAY, AND YEAR) _11/26_ , 19_33_

**22. I HEREBY CERTIFY,** That I attended deceased from _On 11/26_ , 193_ , to _____ , 19_

I last saw h___ alive on _11/26_ , 19_33_ Death is said to have occurred on the date stated above, at _12_ m.

The principal cause of death and related causes of importance were as follows:

_don't know_
_Baby was dying when_
_Saw him they for State_
_Ref. Cyanosis_
_Heart weak g._
_16 D_

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ 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? _____

If so, specify _____

(Signed) _Ed E. Peston_ M. D.

(Address) _Clinton, Mo_