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.

JUN 20 1934

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

Do not use this space.

1. PLACE OF DEATH
County Charlton — Registration District No. 175 — File No. 16071
Township — Primary Registration District No. ~~5243~~ 4104 — Registered No. 29
City Salisbury (No. ... St. ... Ward)

2. FULL NAME Delbert Cleveland Glen Campbell
(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16 - 1913
7. AGE YEARS 21 MONTHS 2 DAYS 22 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) Macon Mo

FATHER
13. NAME Ealy Campbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Nellie Wyant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs. James Saulter Salisbury Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Salisbury Mo DATE 5-10 1934
19. UNDERTAKER (ADDRESS) Winkelmeyer Bros Salisbury Mo
20. FILED 5-10 1934 G W Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-8, 1934
22. I HEREBY CERTIFY, That I attended deceased from Did not attend time, 19..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10:10 P.m.
The principal cause of death and related causes of importance were as follows:
Gun shot wound of chest — Date of onset 5-8-34
(Coroners case)
167
Other contributory causes of importance: None
161
Name of operation None Date of —
What test confirmed diagnosis? Exam Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 5-8, 1934
Where did injury occur? Salisbury, Charlton, Missouri (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home
Manner of injury Suicide
Nature of injury Gun shot wound of chest
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) T. L. Hoover, M. D.
(Address) Salisbury, Mo