

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

Do not use this space.

OCT 24 1935

29408 ✓

1. PLACE OF DEATH

County Jackson
Township Independence
City Independence (No. Indep. Sanitarium)

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 289
St. _____ Ward _____

2. FULL NAME

Missie Dora Campbell

(a) Residence, No. 1003 So. Dodge St., _____ Ward _____

Length of residence in city or town where death occurred 15 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>57</u>	<u>8</u>	<u>22</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

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) Port Huron, Michigan

13. NAME (FATHER) Charles Sherman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilford, New York

15. MAIDEN NAME (MOTHER) Margaret Bell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT Mr. W. J. Campbell
(ADDRESS) 1003 So. Dodge

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Love DATE Sept 15, 1935

19. UNDERTAKER Carson Funeral Home, Inc.
(ADDRESS) 711 So. Lexington - Indep. Mo

20. FILED 9-17-35 F. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1935 to Sept 10, 1935

I last saw her alive on Sept 10, 1935 Death is said to have occurred on the date stated above, at 5 P. m.

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

Date of onset 9-8-35

Other contributory causes of importance:
Epidemic Encephalitis 9-2-35

Name of operation none Date of _____
What test confirmed diagnosis? Cholera? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury: none, 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) B. Fuller, M. D.
(Address) Independence, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. **DO NOT SIGN** unless you are a physician. **PHYSICIANS** should state EXACTLY. **DO NOT SIGN** unless you are a physician. **PHYSICIANS** should state EXACTLY.

APR 21 1955