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.

MAR 16 1936

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

Do not use this space.

4755

File No.

Registered No. 300

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St Joseph Mo (No. State Hospital #2 St. Ward)

2. FULL NAME D. O. Campbell

(a) Residence, No. Rea Mo. 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. 8 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Maggie Dowden Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2 1876

7. AGE: YEARS 59 — MONTHS 11 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 6 Mo Ago

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway Co Mo

FATHER

13. NAME George Washington Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

MOTHER

15. MAIDEN NAME Rebecca L Campbell.

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

17. INFORMANT (ADDRESS) Records State Hosp #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Flag Spgs Mo DATE 3-2 1936

19. UNDERTAKER (ADDRESS) R. S. Taggart Kenig City Mo

20. FILED 2-29 1936 John R. Bowden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-21, 1936, to 2-29, 1936

I last saw him alive on 2-29, 1936. Death is said to have occurred on the date stated above, at 11 45 AM m.

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

	Date of onset
Bronchopneumonia	2-27-36
Other contributory causes of importance: Chronic Myocarditis	2-21-36

Name of operation Clin & Lab Date of

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? 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) E. E. DeLong, M. D.

(Address) State Hosp #2