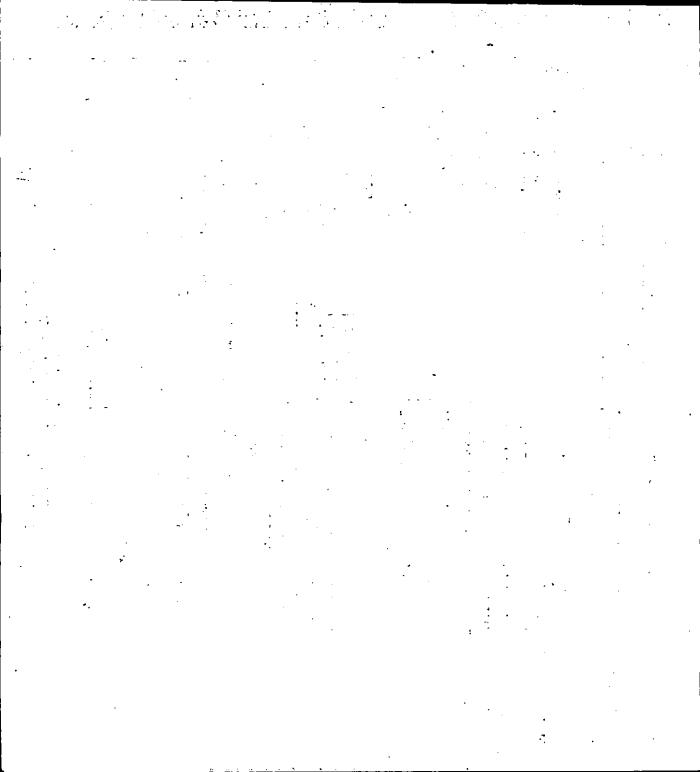
APR 18 1976 BUREAU OF	TE BOARD OF HEALTH  VITAL STATISTICS TICATE OF DEATH
1. PLACE OF DEATH	362 7 10325
County Registration Di	
Township Primary Registr	ation District No. 1/209 Registered No. 7
City//autal (No.	
2. FULL NAME allie B. Campbell	
(n) Residence. No.	.Bt.,
(Usual place of abode)  Length of residence in city or town where death occurred yrs.	(If nonresident, give city or town and State; mos. ds. How long in U.S., if of foreign birth? yrs. mos.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OF DIVORCED (write the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR) Max 27
temale White Manuel	17.
5A. IF MARRIED, WIDOWED, OR DIVORCED	mach 19, 1936, to Mach 27, 1
HUSBAND OF (OR) WIFE OF	that I had saw h M alive on M MM da to To To ar
Chas Campbell	death occurred, on the date stated above, at /dx
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 10. 1872	THE CAUSE OF DEATH+ WAS AS FOLLOWS:
7. AGE YEARS MONTHS DAYS If LESS than day,hr	and the second second
64 / /2 ay,mi	
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer).  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN).  (STATE OR COUNTRY)  10. NAME OF FATHER M. J. Business	CONTRIBUTORY (SECONDARY) (duration) yrs most (
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT TEST CONFIRMED DIAGNOSIST Clauseal
(STATE OR COUNTRY)	(Signed) & MM iller
(STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER / felen M. Caece	1 m. b. 99. 1936 (Address) Morlusa MA
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	*State the Disease Causing Drath, or in deaths from Violent Gauses
(STATE OR COUNTRY) Mussouri	(1) MEANS AND NATURE OF INJURY, and (2) Whether Accidental, Suicil
14. INFORMANT Earner Brown	19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIA
(Address) Mouthon mo	- Monetance Mrs 29
15. FILED Mdg. 1936 & m Miller	20. UNDERTAKER ADDRESS  ADDRESS
REGISTRAR	



Do not use this space.