

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

Do not use this space.

**MAR 23 1937**  
1. PLACE OF DEATH

County Monroe Registration District No. 22  
Township Monroe Primary Registration District No. 22  
City Madison (No.       ) St.        Ward       

File No. 7317  
Registered No.       

2. FULL NAME Shelby Gene Cambell  
(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/7-1937  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. 7

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) Monroe Co Mo

13. NAME Hennette Adeline Cambell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly Mo.

15. MAIDEN NAME Lois Bennett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo

17. INFORMANT Hennette Cambell  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE DATE

19. UNDERTAKER Spencer's Undertaking  
(ADDRESS)

20. FILED 2/14 19 27 W. E. Loff Registrar

**MEDICAL CERTIFICATE OF DEATH**

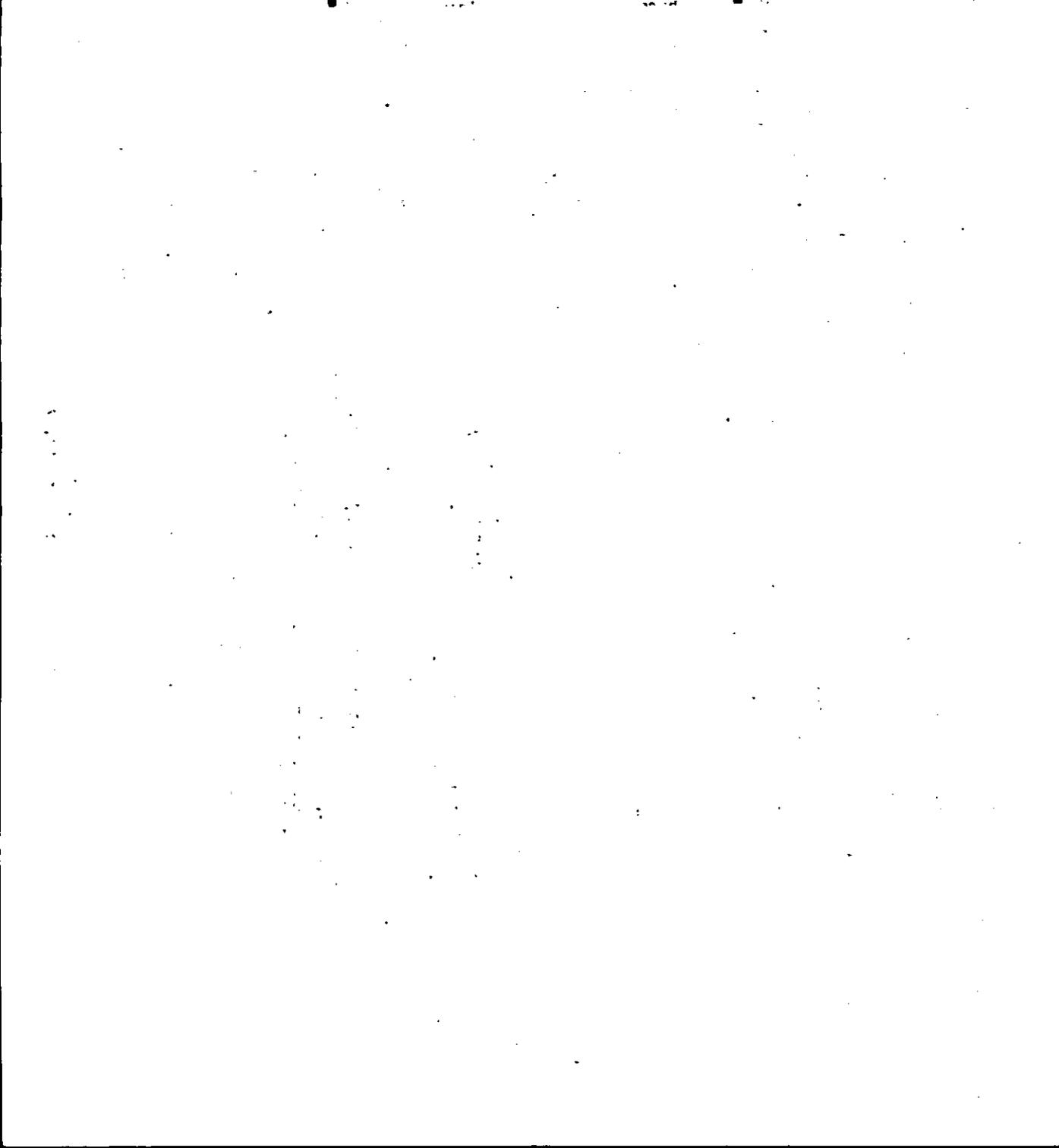
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/14 1937  
22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1937, to Feb 14, 1937.  
I last saw her alive on Feb 10, 1937. Death is said to have occurred on the date stated above, at 2:30 m.  
The principal cause of death and related causes of importance were as follows:

Influenza  
Other contributory causes of importance: 1/2  
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) W. E. Loff  
(Address) Madison Mo.

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.



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Monroe Registration District No. 679  
 Township Marion Primary Registration District No. 5776 B  
 City (No. ) St. Ward)

File No. 93 19  
 Registered No. \_\_\_\_\_

**2. FULL NAME** Shelby Gene Campbell

(a) Residence, No. St. Ward.  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/7-1937

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Summell Cemetery DATE 2/14

19. UNDERTAKER (ADDRESS)

W. H. Thompson

20. FILED 2/14

W. H. Thompson  
 Registered

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/14, 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

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) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

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.

SUPPLEMENTAL

S-7317