REC'D AUG 10 1938

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

Do not use this space.

1. PLACE OF DEATH
County Cooper — Registration District No. 217 — File No. 25166
27 Township Blackwater — Primary Registration District No. 5297 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Susanna Campbell Martin 635
(a) Residence, No. Nelson, Mo. R.F.D. 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
84	5	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Mercer County Kentucky

FATHER
13. NAME John Truman Campbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County Kentucky

MOTHER
15. MAIDEN NAME Elizabeth Crutcher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jesmanine County Kentucky

17. INFORMANT (ADDRESS) Mrs Edna McGuire Nelson, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Welch, Okla. DATE July 19 1938

19. UNDERTAKER (ADDRESS) Campbell-Lewis Funeral Home Marshall, Mo.

20. FILED 7-19 1938 W. T. Abney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1938

22. I HEREBY CERTIFY That I attended deceased from July 9, 1938, to ....., 19....
I last saw her alive on July 9, 1938 Death is said to have occurred on the date stated above, at 3:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	

Other contributory causes of importance: 82a1

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? No
If so, specify .....
(Signed) R. W. Stouffer, M. D.
186 (Address) Nelson, 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.