REC'D AUG 10 1939

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

24924
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain 2/1 — Registration District No. 26

(b) Township Salt River — Primary Registration District No. 5034 — Registered No. 112

(c) City Molino, Mo — (d) Street No. R. F. D. Molino, Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

4

2. PRINT FULL NAME Louise Campbell

(a) Residence, No. R. F. D. Molino, Mo. St.
(Usual place of abode, if no street address, write county or city) (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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1853

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
86	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as 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) Flemington, N. J. /

FATHER

13. NAME Abram Hoagland /
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. J. /

MOTHER

15. MAIDEN NAME Katherine Bigg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. J.

17. INFORMANT (ADDRESS) Mable Campbell Molino, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE July 27, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Arnold Jr. Mexico, Mo.

20. FILED July 27, 1939 Blanche Keely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from years 3&4, 1939, to July 25, 1939
I last saw her alive on July 24, 1939. Death is said to have occurred on the date stated above, at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infirmities of age	
Cardiac weakness	
slight albuminuria	

Other contributory causes of importance: 162

Name of operation ✓ Date of
What test confirmed diagnosis? clinical 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) J. F. Floyd, M. D.
(Address) Paris, Mo.

23

(Licensed Embalmer's Statement on Reverse Side)

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.

Y X14028

RECEIVED
District Health Officer No. 10
District File Number 8-39-1409
Date Filed AUG 8 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Chris Arnold Jr, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed Chris Arnold Jr

Licensed Embalmer No. 3569

P. O. Address Mexico Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.