

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

33131  
 Do not use this space.

*1939*  
 OCT 13 1939

1. PLACE OF DEATH  
 (a) County Oregon Registration District No. 631  
 (b) Township Big Apple Primary Registration District No. 4-2-8-1-55-33 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME William E. Campbell  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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 Ruth Dark  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1856  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 11 8

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 9/12, 1936, to 8/3, 1939  
 I last saw him alive on 8/3, 1939 Death is said to have occurred on the date stated above, at 8:30 A. M.  
 The principal cause of death and related causes of importance were as follows:

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired Farmer  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance:  
Myocardial Infarction  
131  
 Date of onset 9/12/36

12. BIRTHPLACE (CITY OR TOWN) St Clair County  
 (STATE OR COUNTRY) Missouri

Ductectic  
Nephritis  
 Date of onset 10/12/36

FATHER  
 13. NAME John Campbell  
 14. BIRTHPLACE (CITY OR TOWN) Ireland  
 (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Susan Hodges  
 16. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

17. INFORMANT O. Campbell, Koshkonong, Mo  
 (ADDRESS)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Koshkonong DATE 9/10/39

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.

19. FUNERAL DIRECTOR (NAME) Leo Carr, Thayer, Mo  
 (ADDRESS)

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

20. FILED Sept 23, 1939 Gertie Hooseapple  
 Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify Maurice Thompson, M. D.  
 (Signed) \_\_\_\_\_ (Address) W. Plants

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.

---

---

**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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**