

NOV 7 1939

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

37016  
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 744  
 (b) Township Richmond Primary Registration District No. 5976A Registered No. 249  
 (c) City Rayville or (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. 2 mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Kelly G. 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

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Echel Campbell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-26-1868</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>9</u>
	DAYS <u>8</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Ray, Mo.</u>		
FATHER	13. NAME <u>Joseph Campbell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Maddal Thompson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT <u>Jesse McKee</u> (ADDRESS) <u>Rayville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union cem</u> DATE <u>10-6</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) <u>J. E. Broadhurst</u> (ADDRESS) <u>Rayville, Mo.</u>		
20. FILED <u>Oct 31</u> 19 <u>39</u> <u>Michael Jackson</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 - 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1939, to Oct 4 - 1939.  
 I last saw him alive on Oct 1st 1939. Death is said to have occurred on the date stated above, at \_\_\_\_\_.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of prostate  
Arterio Sclerosis  
Hypertension  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Kelly G. Campbell, M. D.  
 (Address) Rayville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V.S. No. 2  
50M-9-19-38  
I X 16605

DEC 6 1952

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11/23/52

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.....

*J. E. Broadhurst*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *J. E. Broadhurst*.....

Licensed Embalmer No. *2171*.....

P. O. Address *Rayville, 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.