

FILED APR 18 1945

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

Do not use this space.

## 1. PLACE OF DEATH

County ADAIRRegistration District No. 4File No. 9990

Township \_\_\_\_\_

Primary Registration District No. 3001Registered No. 53City KIRKSVILLE(No. 1 C. S. O. Hospital)

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

Bonaparte Iowa  
(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 MALE 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-5-40

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 0 14 16

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) KIRKSVILLE, MISSOURI  
(STATE OR COUNTRY)13. NAME TAYLOR P. CAMPBELL14. BIRTHPLACE (CITY OR TOWN) VANBUREN Co. - Iowa  
(STATE OR COUNTRY)15. MAIDEN NAME B. MARJORIE HUFF16. BIRTHPLACE (CITY OR TOWN) VANBUREN Co. Iowa  
(STATE OR COUNTRY)17. INFORMANT TAYLOR P. CAMPBELL  
(ADDRESS) BONAPARTE, IOWA18. BURIAL, CREMATION, OR REMOVAL  
PLACE Bonaparte Iowa DATE 3-7-4519. UNDERTAKER DeVilby  
(ADDRESS) Kirksville, Mo20. FILED March 9, 1945 Spencer L. Freeman  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6-4022. I HEREBY CERTIFY, That I attended deceased from MARCH 5, 1940 to MARCH 6, 1940I last saw him alive on MARCH 6, 1940 Death is said to have occurred on the date stated above, at 12:30 pm.

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

PULMONARY ATLECTASISDate of onset 3/5/40Other contributory causes of importance: 154  
PREMATURITY

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

28. 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? C

If so, specify \_\_\_\_\_

(Signed) John H. DeWitt, M. D. G.(Address) KIRKSVILLE, Mo.

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.

ARJIN RESERVED FOR BINDING

17-1000-3-35

RECEIVED

District Health Officer No. 10

District File Number 4-40-854

Date Filed APR 16 1940