

APR 19 1941

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

Do not use this space.

7462

1. PLACE OF DEATH

County Lincoln Registration District No. 490
Township Union Primary Registration District No. 553
City (No. 1) 4797

File No. _____
Registered No. 4 St. _____ Ward _____

2. FULL NAME

William A. Campbell
(a) Residence, No. Silex Mo. St. Rural (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Bessie Campbell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7-1868
7. AGE YEARS 72 MONTHS 6 DAYS 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night watchman in Silex Mo.
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) 7-5-40 11. Total time (years) spent in this occupation 37y

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles P.O. Mo.

13. NAME John A. Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Mary A. Henry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Master Watts (ADDRESS) Silex Mo.

18. BURIAL, CREMATION, OR REMOVAL Buried
PLACE Abbeville Mo. DATE 3-9-1941

19. UNDERTAKER W.P. Dammann (ADDRESS) Silex Mo.

20. FILED 3-10-1941 W.P. Dammann Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1941

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1939, to Feb 7, 1941
I last saw him alive on Feb. 7, 1941. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Cerebral Hemorrhage
myocarditis
arteriosclerosis
Date of onset 9-12-39

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? No
If so, specify _____
(Signed) R.M. Green M. D.
(Address) Silex 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.

