

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.

FILED MAR 25 1941

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

Do not use this space.

7737

1. PLACE OF DEATH

 County Oregon
 Township Alton
 City Alton (No. 1)

 Registration District No. 6364550
 Primary Registration District No. 5844

 File No. 175
 Registered No. 178
 St. 0 Ward

2. FULL NAME

Martha Youcetta Campbell
 (a) Residence, No. Alton Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1857-7-28</u>		
7. AGE <u>83</u> YEARS	MONTHS <u>96</u>	DAYS <u>28</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>
	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) (STATE OR COUNTRY) 113. NAME Robert R Campbell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo15. MAIDEN NAME Louisa D. Campbell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo17. INFORMANT Edw B O'Keefe
(ADDRESS) Alton18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Grove DATE Feb 3 194119. UNDERTAKER Leo J Carr
(ADDRESS) Alton No. 51620. FILED 2/9 1941 Ernest Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2 194122. I HEREBY CERTIFY That I attended deceased from August 1940 to Feb 1 1941I last saw him alive on Jan 18 1941. Death is said to have occurred on the date stated above, at 9 a. m.

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

Cancer of bladder

Date of onset

1940

Other contributory causes of importance:

Smoking

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Outstation M. D.(Address) Alton Mo

7-11-1954

District File Number 341325 Officer, No. 5

Date Filed _____

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7737

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 636

Primary Registration District No. 4580

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Alton town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME

Martha Lucretia Campbell

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex F Color or race W

6. (a) Single, widowed, married, divorced X

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased July 28 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 28
85 8 4

If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Joseph Bailey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon
(c) City or town Alton
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

20. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 2
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
_____ 19____ to 2-2 1941
that I last saw her alive on 2 _____ 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature P. H. Helton (M. D. or other) _____

Address Alton Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

