

NOV 26 1935

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

Do not use this space.

1. PLACE OF DEATH

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4
County RAY Registration District No. 744 File No. 5976 37087
Township Richmond Primary Registration District No. 3-35 Registered No. 100
City Richmond (No. R70) St. _____ Ward _____

2. FULL NAME

Alice Campbell
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>W</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>John Campbell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 1 - 1863</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>10</u>
	DAYS <u>3</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>House wife</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	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray County Mo</u>	
FATHER	13. NAME <u>Sam Tugarden</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	15. MAIDEN NAME <u>Sarah Glenn</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Oswell Couch</u> (ADDRESS) <u>Village, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Cemetery</u> DATE <u>11-5-35</u>		
19. UNDERTAKER <u>C. M. Joiner</u> (ADDRESS) <u>Richmond, Mo.</u>		
20. FILED <u>11-8</u> 19 <u>35</u> <u>E. E. Day</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 820 N. W.

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

Chronic Myocarditis
Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy (Was there an autopsy?) Yes

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 E. E. Day

(Signed) E. E. Day Registrar

(Address) Ray Co. 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.

