

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

Do not use this space.

MAR 28 1935

1. PLACE OF DEATH

County Ray Registration District No. 742
Township Polk Primary Registration District No. 5977c
City Clinton (No. _____) St. _____ Ward _____

File No. 6554
Registered No. _____

2. FULL NAME

Andrew Andersson Campbell
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sabelle Campbell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20, 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 3 21

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11th, 1935
22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1935, to Feb 10, 1935
I last saw him alive on Feb 10, 1935. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

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. Hilliard Chem Co.
10. Date deceased last worked at this occupation (month and year) 1926
11. Total time (years) spent in this occupation 5

Date of onset _____
Pneumonia Bronchial
Other contributory causes of importance: Dyspnoea

12. BIRTHPLACE (CITY OR TOWN) Buchanan (STATE OR COUNTRY) Mo.
13. NAME Richard Campbell
14. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY) _____
15. MAIDEN NAME Rebecca Gant
16. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY) _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No.

17. INFORMANT Mrs Arthur Fagan (ADDRESS) Saxton Mo.

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 _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sx. Joseph Mo. DATE Feb 11, 1935

19. UNDERTAKER Leaton Bexley Rowman (ADDRESS) 319 So 10th Sx. Joseph, Mo.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. E. Galley, M. D.
(Address) Pat. Mo.

20. FILED Feb 11, 1935 Edwin S. Shuman Registrar.

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.

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