

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

Do not use this space.

41922

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.

PLACE OF DEATH

County Ray Registration District No. 744
 Township Richmond Primary Registration District No. 3035
 City Richmond (No. _____, _____ St. _____ Ward)

2. FULL NAME Charles 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 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 Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Campbell				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1, 1859				
7. AGE	YEARS 72	MONTHS 9	DAYS 12	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal miner			
	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) **Missouri.**

FATHER 13. NAME **Pete Campbell**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **N. Carolina**

MOTHER 15. MAIDEN NAME **Racheal Curtio**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

17. INFORMANT **Mr. Joe Campbell**
(ADDRESS) **Richmond Mo.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Richmond Mo.** DATE **12-16-31** 19__

19. UNDERTAKER **E. M. Jamieson**
(ADDRESS) **Richmond Mo.**

20. FILED **12-17-31** 19__
E. C. Day Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 13 1931** 19__

22. I HEREBY CERTIFY That I attended deceased from **Nov 1 1931** to **Dec 13 1931**
 I last saw him alive on **Dec 13 1931** Death is said to have occurred on the date stated above, at **9:40 AM**
 The principal cause of death and related causes of importance were as follows:

Date of onset _____
Acute Dilatation
106 B
95 B
106 B
Heart
 Other contributory causes of importance:
Chronic Bronchitis

Name of operation **None** Date of _____
 What test confirmed diagnosis **Clinical** 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) **E. C. Day**, M. D.
 (Address) **Richmond Mo.**

