

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

Do not use this space.

1. PLACE OF DEATH

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

File No. 21593
Registered No. 81

2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>Black</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>exact date</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Don't know</u>				
7. AGE YEARS <u>23</u>	MONTHS <u>?</u>	DAYS <u>?</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION				
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>miner</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) <u>Richmond Missouri</u>				
13. NAME <u>Joseph Campbell</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond Missouri</u>				
15. MAIDEN NAME <u>Vesta Bell</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond Missouri</u>				
17. INFORMANT (ADDRESS) <u>Joseph Campbell Richmond Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chapel</u> DATE _____ 19__				
19. UNDERTAKER (ADDRESS) <u>D. W. Noyes Richmond Missouri</u>				
20. FILED <u>8-3-37</u> 19__ <u>E. J. Day</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1937

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

I last saw him alive on June 21, 1937 Death is said to have occurred on the date stated above, at _____.

The principal cause of death and related causes of importance were as follows:
Gun shot wounds at the hands of police officers.

Other contributory causes of importance:
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Name of operation _____ Date of _____

What test confirmed diagnosis blue Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? gun shot Date of injury June 21, 1937
Where did injury occur? Richmond Missouri
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place

Manner of injury gun shot

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) E. J. Day, M. D.
(Address) Coronet Taylor

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 15 1937

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Sh. Fan

