

APR 24 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County Ray  
Township Franklin  
City Franklin (No. ....)

Registration District No. 739  
Primary Registration District No. 4441

File No. 12090  
Registered No. ....  
St. .... Ward)

## 2. FULL NAME

Freddie J. 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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 18 1935</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>4</u>	DAYS <u>5</u>
IF LESS than 1 day, .... hrs. or .... min.		

OCCUPATION	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.	.....
	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) Ray Co Mo13. NAME John E. Campbell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Clara M. Cockrill16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT John E. Campbell  
(ADDRESS) Franklin Mo18. BURIAL, CREMATION, OR REMOVAL  
PLACE Franklin Mo DATE 3/24/3619. UNDERTAKER C. M. Jones  
(ADDRESS) Franklin Mo20. FILED 3/23 1936 N. V. Burgess  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23 193622. 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 7 a.m.

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

Date of onset

Smothered to death  
in bed.

Other contributory causes of importance: 182

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

What test confirmed diagnosis Chinup (If there an autopsy) No.23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 3-23-36Where did injury occur? Franklin Mo  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Smothered in bedNature of injury 1 1 124. Was disease or injury in any way related to occupation of deceased? No.

If so, specify.....

(Signed) E. E. Jay Coroner, M. D.  
(Address) Franklin Mo

N. B.—Every CAUSE OF DEATH should be stated EXACTLY as it appears on the certificate. AGE should be stated EXACTLY in years, months, and days. If less than a year, state in years, months, and days. If less than a month, state in months and days. If less than a day, state in hours, minutes, and seconds. If the cause of death is unknown, so state. If the cause of death is a disease, give the name of the disease. If the cause of death is an injury, give the nature and extent of the injury. If the cause of death is a poisoning, give the name of the poison. If the cause of death is a suffocation, give the nature and extent of the suffocation. If the cause of death is a smothering, give the nature and extent of the smothering. If the cause of death is a strangulation, give the nature and extent of the strangulation. If the cause of death is a hanging, give the nature and extent of the hanging. If the cause of death is a drowning, give the nature and extent of the drowning. If the cause of death is a fire, give the nature and extent of the fire. If the cause of death is a lightning, give the nature and extent of the lightning. If the cause of death is a fall, give the nature and extent of the fall. If the cause of death is a blow, give the nature and extent of the blow. If the cause of death is a stab, give the nature and extent of the stab. If the cause of death is a gunshot, give the nature and extent of the gunshot. If the cause of death is a self-inflicted wound, give the nature and extent of the wound. If the cause of death is a suicide, give the nature and extent of the suicide. If the cause of death is an accident, give the nature and extent of the accident. If the cause of death is a homicide, give the nature and extent of the homicide. If the cause of death is a violence, give the nature and extent of the violence. If the cause of death is a disease, give the name of the disease. If the cause of death is a poisoning, give the name of the poison. If the cause of death is a suffocation, give the nature and extent of the suffocation. If the cause of death is a smothering, give the nature and extent of the smothering. If the cause of death is a strangulation, give the nature and extent of the strangulation. If the cause of death is a hanging, give the nature and extent of the hanging. If the cause of death is a drowning, give the nature and extent of the drowning. If the cause of death is a fire, give the nature and extent of the fire. If the cause of death is a lightning, give the nature and extent of the lightning. If the cause of death is a fall, give the nature and extent of the fall. If the cause of death is a blow, give the nature and extent of the blow. If the cause of death is a stab, give the nature and extent of the stab. If the cause of death is a gunshot, give the nature and extent of the gunshot. If the cause of death is a self-inflicted wound, give the nature and extent of the wound. If the cause of death is a suicide, give the nature and extent of the suicide. If the cause of death is an accident, give the nature and extent of the accident. If the cause of death is a homicide, give the nature and extent of the homicide. If the cause of death is a violence, give the nature and extent of the violence.

