

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

Do not use this space.

38157

**1. PLACE OF DEATH**

County Ray  
Township Knoxville  
City Richmond R.F.D. (No. .... St. .... Ward)

Registration District No. 915  
Primary Registration District No. 6236

File No. ....  
Registered No. 15

**2. FULL NAME** Julia Ann Campbell

(a) Residence. No. .... St. .... Ward. (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12 1846

7. AGE 83 YEARS 8 MONTHS 16 DAYS IF LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo.

10. NAME OF FATHER William Vanbebber

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo.

12. MAIDEN NAME OF MOTHER Elizabeth Barber

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo.

14. INFORMANT Mrs. Nerry Kincaid (Address) Richmond Mo R.F.D.

15. FILED Nov 28 1929 Mrs. G. W. Gaines REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 28 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Nov 1929, 1929, to Nov 28 1929, 1929, that I last saw her alive on Nov 26, 1929, and that death occurred, on the date stated above, at 6:10 A m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Arterio Sclerosis

77 (duration) 3 yrs. .... mos. .... ds.

CONTRIBUTORY Insanity (SECONDARY) (duration) 2 yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF BIRTH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF U WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical (Signed) G. W. Gaines, M. D.

Nov 28 1929 (Address) Royville Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Vanbebber Cem. DATE OF BURIAL 11 29 2 19

20. UNDERTAKER W. T. Mansur ADDRESS Richmond Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. AGE should be properly classified. Exact statement of OCCUPATION is very important.

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