

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

Do not use this space.

DEC 20 1934

1. PLACE OF DEATH

County RAY
Township RICHMOND
City RICHMOND

Registration District No. 744
Primary Registration District No. 3035

File No. 40442
Registered No. 135
St. _____ Ward _____

2. FULL NAME

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 1894

7. AGE YEARS 40 MONTHS 4 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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) Leavenworth

13. NAME Wm. Blackwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth

15. MAIDEN NAME Bettie Salvage

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth

17. INFORMANT Mrs. Lura Griffin

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond MO DATE 12/2/34 19. _____

19. UNDERTAKER C. W. Gouin

(ADDRESS) Richmond MO

20. FILED 12-18 1934 G. E. Day Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/30/34 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-1 1934, to 11-30 1934

I last saw her alive on 11-25 1934 Death is said to have occurred on the date stated above, at 10:00 P.M.

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

organic Heart Disease
(Myocarditis)

Other contributory causes of importance:
Chronic Nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys Exam 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? _____

If so, specify Phys Exam
(Signed) Thos J Hood, M. D.
(Address) Richmond Mo

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.

THIS IS A PERMANENT RECORD

