

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

Do not use this space.

23808

1. PLACE OF DEATH
 84 County Ray Co Registration District No. 744
 6 Township Highway Primary Registration District No. 3035
 4 City Highway (No. _____) St. _____ Ward _____

2. FULL NAME Mary Cataline 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 Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF K. C. Campbell
 (or) WIFE OF wife

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 11 - 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>63</u>	<u>4</u>	<u>24</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House wife
 (b) General nature of industry, business, or establishment in which employed (or employer) 235
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo 1

10. NAME OF FATHER Isaac Holman

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

12. MAIDEN NAME OF MOTHER Decie Osley

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

PARENTS

14. INFORMANT K. C. Campbell
 (Address) Highway, Mo

15. FILED 7-8 32 E. E. Day REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1, 1932

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to July 1, 1932 that I last saw her alive on July 1, 1932 and that death occurred, on the date stated above, at about 6:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Dilatation

Chronic Hypertension (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS Chronic
 (Signed) E. E. Day M. D.
 (Address) Highway, 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 Union DATE OF BURIAL 7/3 1932

20. UNDERTAKER J. S. Rawlins ADDRESS Rayville Mo

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.

JUL 27 1932

