

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.

NOV 13 1935

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

Do not use this space.

33726

1. PLACE OF DEATH

County Polk Registration District No. 742  
Township Ray Primary Registration District No. 5977a  
City \_\_\_\_\_ (No) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

Mary Susan 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED: <u>WIFE OF</u> <u>John Campbell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 12 1875</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>11</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation <u>✓</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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
FATHER	13. NAME <u>Miles Jasper Handy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Louey Pettigo</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT (ADDRESS) <u>Jennie Campbell</u> <u>Elmwood Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Graves</u> DATE <u>Oct 21 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Alphano J. Cowley</u> <u>Polk Mo.</u>		
20. FILED <u>Oct. 21 1935</u> <u>Eduwin Shouser</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-2, 1935, to Oct 20, 1935.  
I last saw her alive on 10-19, 1935. Death is said to have occurred on the date stated above, at 11 P. m.  
The principal cause of death and related causes of importance were as follows:  
Myocardial Failure Date of onset 10-18-35

Other contributory causes of importance:  
Bronchial Pneumonia 10-9-35

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chrom. 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? No  
If so, specify \_\_\_\_\_  
(Signed) C. E. Wilson, M. D.  
(Address) Polk Mo.

