

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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County RAY
Township Richmond
City Richmond (No. _____)

Registration District No. 144
Primary Registration District No. 30-35
5-1-1

File No. 10133
Registered No. 39
St. _____ Ward _____

2. FULL NAME NEWTON 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<u>write the word</u>) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Campbell</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 2, 1841</u>				
7. AGE	YEARS <u>92</u>	MONTHS <u>5</u>	DAYS <u>19</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>Farmer</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)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Campbell Co. Tenn</u>				
FATHER	13. NAME <u>Zek Campbell</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>			
MOTHER	15. MAIDEN NAME <u>Margrete Salvago</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tonn</u>			
17. INFORMANT <u>Allen Fields</u> (ADDRESS) <u>Richmond Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richmond Mo.</u> DATE <u>3-22-34</u> 19 <u>34</u>				
19. UNDERTAKER <u>C. M. Jamin</u> (ADDRESS) <u>Richmond Mo.</u>				
20. FILED <u>4-9</u> 19 <u>34</u> <u>E. E. Ray</u> Registrar.				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1934 to 3-21 1934
I last saw him alive on 3-18 1934 Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

<u>organic heart disease</u>	Date of onset <u>?</u>
<u>Brain disease</u>	<u>12-1</u>
<u>Chronic Nephritis</u>	<u>?</u>

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) She Horn _____, M. D.
(Address) Richmond Mo.

