

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

Do not use this space.

10815

1. PLACE OF DEATH

County Monticome
Township.....
City Zipton, Mo (No.....)

Registration District No. 575
Primary Registration District No. 4339

File No.....
Registered No.....
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) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 14 1837

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
93 8 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(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) Penn 2

10. NAME OF FATHER John Douglas

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

12. MAIDEN NAME OF MOTHER X Bostard

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

14. INFORMANT Mrs Frank Cline (Address) Zipton, Mo.

15. FILED 3 27 19 31 Mrs Sarah Gray REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-27-1931

17. I HEREBY CERTIFY, That I attended deceased from 3-18-1931, to 3-27-1931, and that I last saw him alive on 3-27-1931, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Interstitial Nephritis

131
936 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) J. B. Norman, M. D.

, 19 (Address) Zipton 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 DATE OF BURIAL
Lappington Cemetery 3, 29, 1931
Clarksburg Mo

20. UNDERTAKER ADDRESS
Lawell E. Richards Zipton 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.

APR 24 1931

