

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

Do not use this space.

NOV 23 1932

1. PLACE OF DEATH  
 26 County Cole Registration District No. 211  
 Township Marion Primary Registration District No. 5291  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

File No. 31784  
 Registered No. 16

2. FULL NAME Ralph A. Campbell  
 (a) Residence, No. Centertown, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24th, 1907  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
24 11 5 \_\_\_\_\_  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 237  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2101  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Olean (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Walter Campbell  
 14. BIRTHPLACE (CITY OR TOWN) Russellville, (STATE OR COUNTRY) Missouri.

MOTHER 15. MAIDEN NAME Marvey Weiser  
 16. BIRTHPLACE (CITY OR TOWN) Enon, (STATE OR COUNTRY) Missouri.

17. INFORMANT Walter Campbell (ADDRESS) Centertown Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Centertown Cem, DATE Oct. 30th 1932

19. UNDERTAKER G.N. Steffens (ADDRESS) Russellville Mo.

20. FILED Oct. 30 1932 H. T. Lewis Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 29, 1932, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:  
Deceased was almost instantly killed in an automobile accident on the above date. He was dead when I reached him Date of onset \_\_\_\_\_

Other contributory causes of importance:  
210 201  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 10-29-32  
 Where did injury occur? about 5 miles north of Centertown, Mo (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
In a public place on the highway  
 Manner of injury Automobile wreck  
 Nature of injury Contusion of the head.

24. Was disease or injury in any way related to occupation of deceased? yes  
 If so, specify He was on his way to work.  
 (Signed) Thomas J. Nichols, M. D.  
 (Address) Centertown, Mo.

