

SEP 24 1940

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

29141
Do not use this space.

1. PLACE OF DEATH **Moniteau** Registration District No. **577**
 (a) County **Moniteau**
 (b) Township **Pilot Grove**
 (c) City **Latham, Mo.** Primary Registration District No. **5775** Registered No. **11**
 (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. **2** mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Walter W. Campbell**
 (a) Residence, No. **Latham, Mo.** St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Marvy E. Campbell**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March, 29, 1877**

7. AGE YEARS **63** MONTHS **4** DAYS **27** If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**

9. Industry or business in which work was done, as saw mill, bank, etc. **Farmer**

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation **50. Yr**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cole County Mo**

13. NAME **James Campbell,**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cole County, Mo**

15. MAIDEN NAME **Elizabeth Russell**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cole County Mo**

17. INFORMANT (ADDRESS) **Marvy E. Campbell Latham Mo.**

18. BURIAL PLACE **Centertown Cemt** DATE **Aug, 27 1940**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Bowlin Funeral Home California, Mo.**

20. FILED **Aug 27, 1940 Nadine Latham 509 Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 25 1940**

22. I HEREBY CERTIFY, That I attended deceased from **July 6, 1940** to **Aug 25, 1940**
 I last saw him alive on **Aug 23, 1940** Death is said to have occurred on the date stated above, at **2 p.m.**
 The principal cause of death and related causes of importance were as follows:
Paralysis in suppurating Rheumatic origin

Other contributory causes of importance: **92W**

Name of operation _____ 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? _____ 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) **Dr. J. B. ...** M. D.
 (Address) **California, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Earl R. Boulton*.....
Licensed Embalmer No. *2126*
P. O. Address *California, Ill.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.