

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

Do not use this space.

8313
1167

1. PLACE OF DEATH

County Jackson Registration District No.
 Township Staw Primary Registration District No.
 City Kansas City (No. 3316 East 25th) St. Ward)

File No.
 Registered No.
 St. Ward)

2. FULL NAME

Orbeta Fay Campbell
 (a) Residence. No. 3316 East 25th St. Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>I</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug. 24, 1906</u>		
7. AGE YEARS <u>20</u>	MONTHS <u>6</u>	DAYS <u>24</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>At Home</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar-18 1927
 17. I HEREBY CERTIFY, That I attended deceased from July 1926, to Mar-18 1927 that I last saw her alive on Mar 17 1927, and that death occurred, on the date stated above, at 12:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart Disease
Myocardial Acute Myocarditis
92.H (duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) 92.H (duration) 1 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? Typical Clinical Findings
 (Signed) R. B. Purvis, M. D.

1927 (Address) 722 Rio Rio St
 *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.

9. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY) Okla.

10. NAME OF FATHER Rolt. N. Campbell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
 (STATE OR COUNTRY) No

12. MAIDEN NAME OF MOTHER Effie Grace Dougherty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
 (STATE OR COUNTRY) No

14. INFORMANT Rolt. N. Campbell
 (Address) 3316 East 25th

15. FILED 3/19 1927 on an Original and REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL March 21 1927

20. UNDERTAKER W. H. Newcomer's Sons ADDRESS R. B. 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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

