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

Do not use this space.

1. PLACE OF DEATH
County: Jackson — Registration District No. 399 — File No. 27146
Township: Kaw — Primary Registration District No. 1002 — Registered No. 3407
City: Kansas City (No. Simpson Major Sanitarium St. Ward)

2. FULL NAME: Anna Belle Taylor Campbell
(a) Residence. No. 3302 Chestnut St. Ward. 14
(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: Fe
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: Geo W Campbell

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 15 1866

7. AGE: Years 60 — Months 11 — Days 18 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Shelbina
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: W. H. Taylor
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Maryland
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown

14. INFORMANT: Geo W Campbell
(Address): 3302 Chestnut

15. FILED 9/5, 1927 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 3 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1927, to Sept. 3, 1927, that I last saw her alive on Sept. 3, 1927, and that death occurred, on the date stated above, at 9 20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Vincent's Angina
115A 109B1
(duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY): Myocardial Insufficiency
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms.
(Signed) J. J. Simpson, M.D.
9/4, 1927 (Address) 3100 Euclid Ave.

*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: Elmwood — DATE OF BURIAL: Sept 6 1927

20. UNDERTAKER: D W Newcomer's Sons — ADDRESS: K. C. 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.

Lic 1800
resident 3633 Charlotte
H.P. 1425