

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

Do not use this space.

27382

1. PLACE OF DEATH

County Jackson Registration District No.
Township Kaw Primary Registration District No.
City Kansas City (No. Trinity Luthern Hospital) St. Ward)

File No.
Registered No. 35210

2. FULL NAME John W. Campbell

(a) Residence. No. Grandview, 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 23 19 27

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 31 1927, to Sept 23 1927 that I last saw h. in alive on Sept 23, 1927, and that death occurred, on the date stated above, at 11 A M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 18, 1879

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 47 9 5

194B
3692
97A
Infection (septic form)
(duration) yrs. mos. ds. 1 ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Butcher
(b) General nature of industry, business, or establishment in which employed (or employer) ..
(c) Name of employer ..

CONTRIBUTORY (SECONDARY) Struck knee on beam of the Box causing laceration of the leg (duration) yrs. mos. ds. 2 ds.
* WHERE WAS DISEASE CONTRACTED? prison on 11/07/1907 accidental
IF NOT AT PLACE OF DEATH ..

9. BIRTHPLACE (CITY OR TOWN) Belton
(STATE OR COUNTRY) Missouri

2 DID AN OPERATION PRECEDE DEATH? yes DATE OF 9/23/27

10. NAME OF FATHER Robert E. Campbell

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) HS Crentiss, M. D
9/24, 1927 (Address) 1215 R. 6 Bldg.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Platt County
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Sarah A. Mansell

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

*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.

14. INFORMANT Mabel Campbell
(Address) Grandview Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Belton, Mo DATE OF BURIAL Sept. 25 19 27

15. FILED 9-24-27 M. M. Crowe REGISTRAR
Asst.

20. UNDERTAKER R. V. Lunday & Co ADDRESS City

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.

