

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

Do not use this space.

38337

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **4768**) **Maffett Ave** St. **11002** (Ward)

2. FULL NAME

Alvin M Campbell
 (a) Residence. No. **4768 Maffett St.** **11** Ward. (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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jeanette Campbell
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 17, 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 70 | 9 | 20
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Minister
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired
 (c) Name of employer

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

10. NAME OF FATHER Robert S Campbell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Amelia L Buchanan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

14. INFORMANT Mrs Jeanette Campbell
 (Address) 4768 Maffett Ave

15. FILED DEC -9 1927
 19. **max E. Starkeoff** REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7, 1927
17. HEREBY CERTIFY, That I attended deceased from June 10, 1927, to Dec 7, 1927, that I last saw him alive on Dec 7, 1927, and that death occurred, on the date stated above, at 10:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis
 575
 97 (duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Sclerosis
 (duration) yrs. 5 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 9/10
 IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
 (Signed) B. M. Gibson, M. D.
 Dec 8, 1927 (Address) 4337 Washington Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VOLUNTARY CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Princeton, Ind.
DATE OF BURIAL Dec. 9, 1927

20. UNDERTAKER Brehmann & Laird
ADDRESS 1905 Union

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.

4337 Washington

9-10 7-8