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

Do not use this space.

File No. 31762

Registered No. 9010

1. PLACE OF DEATH

County.....

Township.....

City..... (No. Christian Stop. St. ..... Ward)

Registration District No. 7811

Primary Registration District No. 1100 53

2. FULL NAME Ivy Campbell

(a) Residence. No. 1141 Hornsby St., 8 Ward.
(Usual place of abode)

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.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF William E. Campbell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-31-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	5	6	

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

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

PARENTS

10. NAME OF FATHER Barney Routh

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Germa

12. MAIDEN NAME OF MOTHER Mary Gayle

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

14. INFORMANT Mrs E. A. Orr
(Address) 1147 Hornsby Ave

15. FILED ..... 19..... Mary C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 6 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1928, to Sept 6, 1928, that I last saw h. alive on Sept 6, 1928, and that death occurred, on the date stated above, at 5.15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(a) Cerebral Hemorrhage
(b) 10 hr. (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arterial Hypertension
(duration) ..... 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? Physical Findings.

(Signed) F. J. Heeling, M. D.

9/6, 1928 (Address) 8221 No Broadway

*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 Parons Nan.

DATE OF BURIAL 9/7 1928

20. UNDERTAKER H. A. Stock Und Co

ADDRESS 2117 E. Grand

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.

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