WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37086

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kaw — Primary Registration District No. 1002 — Registered No. 4[illegible]
City Kansas City (No. 5844 E 10th st. St. Ward)

2. FULL NAME James P. Campbell
(a) Residence. No. 5844-E 10 St., 12 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

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: Jane Alma Campbell.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 29-1856

7. AGE: Years 71 — Months 11 — Days 26 — If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Glasgow Scotland

PARENTS
10. NAME OF FATHER: Wm Campbell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Scotland
12. MAIDEN NAME OF MOTHER: Jean Carrick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Scotland

14. INFORMANT: Jane Alma Campbell
(Address) 5844 E 10th

15. FILED 11/25, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1928, to Nov. 24, 1928, that I last saw him alive on Nov. 24, 1928, and that death occurred, on the date stated above, at 1:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute dilatation heart
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
(duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. Jennett, M. D
11/25, 1928 (Address) 2701 Forest

*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: Mt Moriah Cemetery — DATE OF BURIAL: Nov. 27 1928

20. UNDERTAKER: Eylar Funeral Home — ADDRESS: 1800 Linwood

2701 Fo