

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.

B. 1427

1. PLACE OF DEATH

County Jackson
Township Ross
City H.C. Mo. (No. H.C. General Hospital)

Registration District No. 399

Primary Registration District No. 1002

File No. 1002
Registered No. 1002
St. H.C. Mo. Ward 10

2. FULL NAME

Helen Campbell

(a) Residence. No. 1420 Holmes St., 2nd 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

Female

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

Lewis Campbell

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

Jan 11-1898

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

31

2

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)

Texas

10. NAME OF FATHER

Richard Cook

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss

12. MAIDEN NAME OF MOTHER

Mary E. Welch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

(Address)

Richard B. Cook
Indianapolis, Ind.

15.

FILED

Jan 3, 1929
M. M. Connor
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 3, 1929

17.

I HEREBY CERTIFY, That I attended deceased from

....., 19....., 19.....
that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Stroke / Subarachnoid Hemorrhage
a priori
1630

CONTRIBUTORY (SECONDARY)

166

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed).....

1/3, 1929 (Address).....

*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

DATE OF BURIAL

Dallas, Texas, Jan 3, 1929

20. UNDERTAKER

ADDRESS

Mrs. C. L. Foster
H.C. Mo.

