

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

Do not use this space.

1895

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. Trinity Lutheran Hospital)

File No. _____
Registered No. 488
St. _____ Ward _____

2. FULL NAME Caldwell C. Campbell

(a) Residence, No. 1721 Broadway St. 3 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 22 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 16, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
72 1 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Stockman
(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 Samuel W. Campbell

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

12. MAIDEN NAME OF MOTHER Mary Todd

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

14. INFORMANT C. W. Campbell
(Address) 1721 Broadway, K. C. Mo.

15. FILED 1-31-29 M. M. Evans REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 29 19 29

17. I HEREBY CERTIFY That I attended deceased from Nov 1 1928 to Jan 29 1929
that I last saw h. alive on Jan 29 1929, and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of mouth
4 1/2 (duration) yrs. 6 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Don't know
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) E. B. Merriam M. D.

1/30 1929 (Address) 1225 Reale Bldg
*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

Forest Hill 9/31/29

20. UNDERTAKER ADDRESS

R. V. Linders & Son Kansas City, Mo.

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.

