FEB 22 1929

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

Do not use this space.

2172

1. PLACE OF DEATH

County Knox Co — Registration District No. 441 — File No.

Township — Primary Registration District No. 4259 — Registered No. 321

City Edina (No. ... St. ... Ward)

2. FULL NAME John W. Campbell

(a) Residence No. ... St., ... Ward. (If nonresident give city or town and State)
(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.

52
2
2

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Date of Birth April-1860

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

7. AGE: Years 68 — Months 9 — Days — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Knox Co Mo

PARENTS

10. NAME OF FATHER: C. M. Campbell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana
12. MAIDEN NAME OF MOTHER: Margaret Shaw
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: W. E. Cottey
(Address) Edina Missouri

15. FILED 4/1, 1929 Geo. Brown, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-27- 1929.

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1928, to Jan. 27, 1929, that I last saw him alive on Jan. 27, 1929, and that death occurred, on the date stated above, at 2:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

C. Carcinoma (Bowel)

Abd. (duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) 45 (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes no DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) T. A. Campbell, M.D.

, 19 (Address) Edina Missouri

*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: Linrill Cemetery — DATE OF BURIAL: January 29 1929

20. UNDERTAKER: J. W. Hudson — ADDRESS: Edina Mo