

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

Do not use this space.

6518

681

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. 681

Township New

Primary Registration District No. 1002

Registered No. 681

City Kansas City (No. Trinity Lutheran Hospital)

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. New Franklin Mo. St. _____ Ward _____

New Franklin Mo.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Addison Mills deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 25 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 | 2 | 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer) mother
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boonville Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER James Madison Campbell

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

12. MAIDEN NAME OF MOTHER Lue Gall

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

14. INFORMANT William Spurd mill
(Address) 3221 Galea Kemo

15. FILED 2-10-29 M M Best REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr 9 19 29

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929, to Feb 9, 1929.
I last saw him alive on Feb 7, 1929, and that death occurred, on the date stated above, at 9:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral sclerosis with myocardium, chronic
736 (duration) yrs. mos. da.
938 CONTRIBUTORY Diabetes mellitus
(SECONDARY) years (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Union Lick, Ky
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) C. E. Toller, M. D.
7 (Address) 3542 Main

*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 Boonville Mo. DATE OF BURIAL Febr 12 1929

20. UNDERTAKER Eylan Funeral Home ADDRESS 1800 Linwood

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.

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