

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

Do not use this space.

21421
2555

1. PLACE OF DEATH

County Jackson
Township Kear
City Stansbury (No. 3919 Montgall)

Registration District No. **399**

Primary Registration District No. 1092

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. 3019 Montgall St., _____ 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 Mrs. Edith Campbell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 24 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 6 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Opera
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Salem
(STATE OR COUNTRY) Mass

10. NAME OF FATHER Andrew Campbell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Salem
(STATE OR COUNTRY) Mass

12. MAIDEN NAME OF MOTHER May Walton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Salem
(STATE OR COUNTRY) Mass

14. INFORMANT Mrs. Edith Campbell
(Address) 3019 Montgall

15. FILED 6/7, 19 29. M. M. Prove REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7th 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 1929, to _____, 1929, that I last saw him alive on _____, 1929, and that death occurred, on the date stated above, at _____ a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris

948
1060 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchitis (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical history
(Signed) M. B. Thomas, M. D.

6/7, 19 29 (Address) 314 Chambera 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 Maple Hill DATE OF BURIAL 6/8 1929

20. UNDERTAKER Or Mast ADDRESS 145 East 13

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.

237
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