

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

Do not use this space.

35844

1. PLACE OF DEATH

County.....

Registration District No. 791
1003

Township.....

Primary Registration District No.

City.....

(No. 118 Mo. Ave)

File No.

Registered No. 10647

St. Ward)

2. FULL NAME

Earny Campbell

(a) Residence. No. 118 Missouri St., 23 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. 9 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 20 1929

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

0

0

0

9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Rosevelt Campbell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ark.

12. MAIDEN NAME OF MOTHER

Ellen Maglarz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ark.

14.

INFORMANT

(Address)

Rosevelt Campbell
118 Missouri

15.

FILED OCT 30 1929

Wm C Starnes

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 29 - 1929

17. I HEREBY CERTIFY That I attended deceased from Oct 20 1929, 1929, to Oct 29 1929, 1929, that I last saw her alive on Oct 29 1929, and that death occurred, on the date stated above, at 9:30 am.

THE CAUSE OF DEATH WAS AS FOLLOWS:

159 Termination Birth

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) L. E. Egley, M. D.

, 19 (Address) 3245 Lafayette

*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

Washington Park

Oct 30 1929

20. UNDERTAKER

ADDRESS

J. S. Thomas Co. P.O. Box 3111

3111

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.

