

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

Do not use this space.

36385

1. PLACE OF DEATH
 County Buchanan
 Township St. Joseph
 City St. Joseph
 (No. 406 Lee St.)

Registration District No. 85
 Primary Registration District No. 1001

File No. _____
 Registered No. 1306
 St. _____ Ward _____

2. FULL NAME I. B. Campbell

(a) Residence. No. 406 Lee St. St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 23, 1860

7. AGE YEARS 69 MONTHS 0 DAYS 17 IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Unionville
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Milton Campbell

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

12. MAIDEN NAME OF MOTHER Rebecca Dowe

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

14. INFORMANT Mrs. W. H. Hooper
 Address 406 Lee St.

15. FILED NOV 13 1929 John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 10, 1929 1929

17. I HEREBY CERTIFY, That I attended deceased from 9 Nov, 1929, to Nov - 10, 1929 that I last saw him alive on Nov - 10, 1929, and that death occurred, on the date stated above, at 10:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Chronic
956
133A (duration) ? yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) Peri repl. abscess
 (duration) _____ yrs. _____ mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

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

WAS THERE AN AUTOPSY _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Frank [Signature], M. D.

11/10/29 (Address)

*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
Laclede Mo.

DATE OF BURIAL
Nov. 12 29
 19

20. UNDERTAKER

Fred D. Clark 5025 King Hill Ave

ADDRESS

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.

JEC 8 1929

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NOV 13 1929

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