

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

Do not use this space.

10554

**1. PLACE OF DEATH**

County.....

Registration District No. **791**  
**1003**

Township.....

Primary Registration District No. ....

City **St. Louis Mo.** (No. **En route City Hospital #1**)

File No. ....

Registered No. **2542**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **2734 Park** St. **13** 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)**

**single**

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** **March 7 - 1868**

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<b>62</b>		<b>4</b>	

**8. OCCUPATION OF DECEASED**

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

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

(c) Name of employer

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

**10. NAME OF FATHER** **Mathew Campbell**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** **Ireland**

**12. MAIDEN NAME OF MOTHER** **Mary Unknown**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** **Ireland**

**14. INFORMANT** **Mr. L. J. Stephens**  
(Address) **4260<sup>A</sup> Arsenal St.**

**15. FILED** **May C. Harduff**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **March 11 1930**

**17. No Physician in attendance I HEREBY CERTIFY, That I attended deceased from**

....., 19....., to....., 19....., and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at **4:00 P.** m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

**Chronic Myocarditis**  
**93E**

**CONTRIBUTORY (SECONDARY)**

**90 B**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**8 DID AN OPERATION PRECEDE DEATH DATE OF**

WAS THERE AN AUTOPSY? **No**

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) **J. P. Hurley** M. D.

**3/3/30** (Address) **St. Louis**

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**

**Lafayette Cemetery 3-14-1930**

**20. UNDERTAKER ADDRESS**

**E. J. Schum 3/25 Lafayette Ave**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

