

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

Do not use this space.

16037

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Haw Primary Registration District No. 1002 File No. 1044
 City Louisville (No. 3733 Bellefontaine St. _____ Ward) Registered No. 1044

2. FULL NAME

(a) Residence. No. 3505 E. 17th St. 12 Ward. (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 10 6

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Carpenter
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ind.
 (STATE OR COUNTRY)

10. NAME OF FATHER W. A. Campbell

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

12. MAIDEN NAME OF MOTHER Sadie Curtis

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

14. INFORMANT Mrs Anna L Campbell
 (Address) 5733 Bellefontaine

15. FILED 5/6 1930 M. M. Chowe
 asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5 1930

17. I HEREBY CERTIFY, That I attended deceased from 1-2, 1928, to 5-5, 1930 that I last saw h. live on 5-2, 1930, and that death occurred, on the date stated above, at 8:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Hemorrhage
117A
123B (duration) yrs. mos. 7 ds.
 CONTRIBUTORY (SECONDARY) Gastric Ulcer
Don't know (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 none
 (Signed) J. E. Ball M. D.
5/5 1930 (Address) 1102 E 47th

*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 Woodlawn, Indep. Mo. DATE OF BURIAL May 6 1930

20. UNDERTAKER L. H. Newcomers Sons ADDRESS K6 Mo

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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211 Frost Centre Bldg
Logan 3102.