

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

Do not use this space.

20532  
~~20530~~

**1. PLACE OF DEATH**

County St. Louis Registration District No. 789  
Township Central Primary Registration District No. 6033B  
City Wellsman (No. 6435)

File No. \_\_\_\_\_  
Registered No. 175  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Alexander Campbell

(a) Residence. No. 6435 Wellsman 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 Catherine Campbell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 2, 1861

|        |       |        |      |  |
|--------|-------|--------|------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|        | 69    | 4      | 17   |  |

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

9. BIRTHPLACE (CITY OR TOWN) Ontario  
(STATE OR COUNTRY) Canada

10. NAME OF FATHER Peter Campbell

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

12. MAIDEN NAME OF MOTHER Mary Brown

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

14. INFORMANT Mrs. Catherine Campbell  
(Address) 6435 Wellsman Ave.

15. FILED 6/21 19 30 Golla Bracy, M. D.  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1930, to June 18, 1930 that I last saw him alive on June 18th, 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Enteritis (chronic)  
general debility from  
lack of digestion.  
16 yr (duration) 2 yrs. 1 mos. 3 ds.

CONTRIBUTORY (SECONDARY) weakness from  
age. (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH. 114 B

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) A. F. Swantee M. D.

6/21 19 30 (Address) 2093 Railway Ex.

\*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 Bethany Cemetery DATE OF BURIAL 6-21 1930

20. UNDERTAKER Geo. L. Pleitsch ADDRESS 5966 Eastern Ave.

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 very important.

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Pauline E. ...

9th ...