

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

Do not use this space.

25491

1. PLACE OF DEATH

County..... Registration District No. 741
Township..... Primary Registration District No. 7003
City St. Louis, Mo. (No.) Sanitarium St. Ward)

File No.
Registered No. 7743 St. Ward)

2. FULL NAME

Alexander Campbell
(a) Residence No. 2623 Pine St. 13 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 15, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,	
				hrs.	min.
	71	8	14		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Minister
(b) General nature of industry, business, or establishment in which employed (or employer) Protestant
(c) Name of employer Church of Christ

9. BIRTHPLACE (CITY OR TOWN) Bedford County
(STATE OR COUNTRY) Tennessee

10. NAME OF FATHER Henry Campbell

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

12. MAIDEN NAME OF MOTHER Lethia Cleveland

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

14. INFORMANT B. T. Koon M. D.
(Address) 5300 Arsenal St

15. AUG -2 1930 FILED Max Cramer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1930

17. I HEREBY CERTIFY, That I attended Deceased from July 16, 1928, to July 29, 1930 that I last saw him alive on 7-29, 1930 and that death occurred, on the date stated above, at 10 am p.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93C

147 (duration) 2 yrs. - 14 mos. - 14 ds. +

CONTRIBUTORY (SECONDARY) Arteriosclerosis + Senility
(duration) 2 yrs. - 14 mos. - 14 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? Physical Examination
(Signed) B. T. Koon, M. D.

7/29 1930 (Address) 5300 Arsenal

*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

Greenwood 8-2 1930

20. UNDERTAKER ADDRESS

Remerk - son 2700 Wash

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 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

