

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

Do not use this space.

29198

OCT 28 1930

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph, (No. 2409 Lafayette,)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 1050
St. Ward)

2. FULL NAME Katherine Jordan Campbell,

(a) Residence. No. 2409 Lafayette. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 George H. Campbell,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb'y. 11, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 7 11

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Elwood,
(STATE OR COUNTRY) Kansas,

10. NAME OF FATHER J. R. Timmons,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,
12. MAIDEN NAME OF MOTHER Unknown,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Mrs. Minnie J. Sigears
Address 3307 Mitchell Avenue,

15. FILED 24 1930 John G. Jeff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 27, 1930

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 19.....
that I last saw h..... alive on 19....., and that
death occurred, on the date stated above, at 11:55 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Pancreas

46 F
53 E
(duration) 4 yrs. mos. ds.
CONTRIBUTORY General involvement
(SECONDARY) of vital organs & Altitia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Symptoms & Palpation
(Signed) W. E. Hartsock, M.D.

9/23, 1930 (Address) First State Bank
*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 Ashland Cemetery, DATE OF BURIAL Sept. 25, 1930

20. UNDERTAKER Heaton-Bellale & Bawne ADDRESS 319 S. 10 St.

Funeral Home

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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