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

Do not use this space.

37291

DEC 23 1930

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6448B — Registered No. 397

City Jefferson Barracks, Mo. (No.) U.S. Veterans Hospital, Jefferson Brks, Mo. (St.) (Ward)

2. FULL NAME Allen Campbell.

(a) Residence. No. 528 So. Ewing, St. Louis, Mo. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. OWYlds. 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: Mrs. Lucinda Campbell.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 27, 1890

7. AGE: Years 40 — Months 0 — Days 1 — If LESS than 1 day, ...hrs. or ....min.

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): Unavailable.
(c) Name of employer: Unavailable.

9. BIRTHPLACE (CITY OR TOWN): Unavailable.
(STATE OR COUNTRY): Missouri.

PARENTS

10. NAME OF FATHER: Unavailable.

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

12. MAIDEN NAME OF MOTHER: Unavailable.

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

14. INFORMANT: C. H. Smith, Clinical Director
(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED: Dec. 5, 1930 — L. C. Obach, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): November 28 19 30

17. I HEREBY CERTIFY, That I attended deceased from November 28, 1930, to November 28, 1930 that I last saw him alive on November 28, 1930, and that death occurred, on the date stated above, at 11:42 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, chronic.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown.

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical, X-Ray & Laboratory findings.

(Signed) W. C. Gibson, Medical Officer In Chg. M.D.
, 19 (Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

*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: National Jefferson Barracks. — DATE OF BURIAL: Dec. 6 1930

20. UNDERTAKER: Jas. Scott — ADDRESS: 3015 Lawton 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.

WHEN PRINTED WITH FOUNTAIN PEN OR LEADING INK—THIS IS A PERMANENT RECORD