

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

Do not use this space.

25052

Dr. D.M. Miller

1. PLACE OF DEATH

County Jackson Registration District No. 395
 Township Kaw Primary Registration District No. 300
 City K.C. Mo. (No. 2001 Wabash) St. _____ Ward _____

File No. _____
 Registered No. 3145
 St. _____ Ward _____

2. FULL NAME

Mary Campbell
 (a) Residence. No. 2001 Wabash St. 11 Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE-MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Campbell</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 20-1881</u>		
7. AGE	YEARS	MONTHS
	<u>49</u>	<u>11</u>
		DAYS
		<u>20</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>Kansas City, Mo.</u> (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER <u>Steve Langum</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Vicksburg Miss</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>Henrietta Barnes</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Miss.</u> (STATE OR COUNTRY)	
14. INFORMANT <u>Husband (Mary Campbell)</u> (Address) <u>2001 Wabash</u>		
15. FILED <u>7/14 31</u> <u>M. M. Crowe</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 1931

17. I HEREBY CERTIFY That I attended deceased from July 1 1931 to July 9 1931 that I last saw her alive on July 9 1931 and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation
131
978
 (duration) yrs. 3 mos. ds.

CONTRIBUTORY Intermittent supraventricular
 (SECONDARY) (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home
 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) D.M. Miller M. D.
7-13 1931 (Address) K.C. 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 <u>Blue Ridge Lawn Cem</u>	DATE OF BURIAL <u>7-13 31 19</u>
20. UNDERTAKER <u>Flynn & Greenstreet</u>	ADDRESS <u>K.C. Mo.</u>

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.

