

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

Do not use this space.

16361

1. PLACE OF DEATH

County Jackson
Township KAW
City Kansas City

Registration District No. 400
Primary Registration District No. 100
(No. Trinity Lutheran Hospital)

File No. _____
Registered No. 2154
St. _____ Ward _____

2. FULL NAME Mrs. Helen Claire Campbell

(a) Residence, No. 105 east 40th. st. St. 7 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 Kenneth C. Campbell		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1902		
7. AGE YEARS 29	MONTHS 9	DAYS 17
8. Trade, profession, or particular kind of work done, as splnner, sawyer, bookkeeper, etc. at home		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Nebraska**

13. NAME **William R. Brown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

15. MAIDEN NAME **Barbara Pospesil**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Wisconsin**

17. INFORMANT **Kenneth C. Campbell**
(ADDRESS) **105 East 40th. st.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Minneapolis, Kans** DATE **5-31-32**

19. UNDERTAKER **Freeman Mortuary**
(ADDRESS) **Kansas City, Mo.**

20. FILED May 30, 1932 M. M. Corow
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 30, 1932**

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1932, to May 30, 1932.
I last saw her alive on May 30, 1932. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Nephritis acute parench 5/15/32
myocarditis, chr 18/32
930
930
Other contributory causes of importance: **930**

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) P. J. Porter, M. D.
(Address) 724 Prop Redg

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.

