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

Do not use this space.

20996

1. PLACE OF DEATH

County ..... Registration District No. 75 ..... File No. .....

Township ..... Primary Registration District No. 1002 ..... Registered No. 5497

City St. Louis Mo. (No. City Hospital #2 ..... St. ..... Ward)

2. FULL NAME Lucy Campbell

(a) Residence, No. 3012 Lawton St., 21 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Col	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-6-1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	38	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 260

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Picker

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss 2

FATHER

13. NAME Ike Nelson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER

15. MAIDEN NAME Nettie Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) A. Gertrude Creath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Charleston Mo. DATE 6/10 1932

19. UNDERTAKER (ADDRESS) R. M. C. Green 3512 Lacledge Ave.

20. FILED JUN 13 1932 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-6-, 1932, to 6-7, 1932

I last saw her alive on 6-7, 1932 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

50

Fulminating Cancer of Breast

Date of onset: 5 months

Other contributory causes of importance:

50 ①

Name of operation ..... Date of .....

What test confirmed diagnosis? Chr Lab Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) A. G. Robinson, M. D.

(Address) City Hospital #2

MARGIN RESERVED FOR BINDING

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

V. S. No. 2