

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

1158
Do not use this space.

27564

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. De Paul Hosp.)

File No.....
Registered No. 7379
St. _____ Ward _____

2. FULL NAME

Mary J. Campbell

(a) Residence, No. 115 E. Pershing Dr. St. St. Louis Co.

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 10 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
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) Merced Co. Mo.

FATHER 13. NAME John Griffith

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

MOTHER 15. MAIDEN NAME Sarah Pickards

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

17. INFORMANT (ADDRESS) Mrs L. M. Sylwys Mo. St. Louis Co.

18. BURIAL, CREMATION, OR REMOVAL PLACE HIGHLAND TRANCE CEM. Aug 14 1932

19. UNDERTAKER (ADDRESS) Clemmons & Wehde old Monroe, Mo.

20. FILED Aug 11 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 19 32

22. No physician attended deceased from 19..... to attendant

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 1:30 a.m.

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

Shock & Injuries (Fractured Skull), received in a fall down stairs at 1312 Florissant Rd, St. Louis County, about 9:45 p. m., Aug. 10, 1932.

Other contributory causes of importance:

1860 ACCIDENT

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 8/10, 1932

Where did injury occur? St. Louis County (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Fall down stairs

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed) J. J. [Signature]

(Address) St. Louis Co. Mo.

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.

