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.

NOV 28 1932

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

Do not use this space.

33463

96
2
7

PLACE OF DEATH

County St Louis — Registration District No. 770 — File No.

Township Central — Primary Registration District No. 6033 — Registered No.

City Clayton (No. St Louis County Hospital Ward)

2. FULL NAME Norwell J Campbell -

(a) Residence, No. 8210 Matilda St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22 - 1932

7. AGE — YEARS — MONTHS — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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) Clayton St Louis Co - Mo.

FATHER

13. NAME John C Campbell - A

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfield Ill 2

MOTHER

15. MAIDEN NAME Erma Rogers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Union Ill

17. INFORMANT (ADDRESS) Mrs Campbell 8210 Matilda (Mother)

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus DATE Oct 19 - 1932

19. UNDERTAKER (ADDRESS) A. W. McLaughlin 1631 Missouri

20. FILED Oct. 19, 1932 K.W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1932, to Oct 18, 1932

I last saw him alive on Oct 18, 1932 Death is said to have occurred on the date stated above, at 2:30 p m.

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

Immaturity — Date of onset

107A

159 [illegible]

Other contributory causes of importance:

Broncho pneumonia

Name of operation none Date of

What test confirmed diagnosis? Clinical observation Was there an autopsy? no

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) A. T. Hume, M. D.

(Address) St. Louis County Hospital