

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

Do not use this space.

35794

**1. PLACE OF DEATH**

County Jackson Registration District No. 389  
Township North Primary Registration District No. 2092  
City Wabash (No. 3415; Wabash) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 4302  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Malcolm D. Campbell  
(a) Residence, No. 3415 Wabash St. 13 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26, 1859

7. AGE YEARS 73 MONTHS 2 DAYS 18 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

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) Canada

FATHER 13. NAME Wabash

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

MOTHER 15. MAIDEN NAME Wabash

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

17. INFORMANT Mrs Anna C. Campbell (ADDRESS) 3415 Wabash

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE Nov 16 1932

19. UNDERTAKER Egley Funeral Home (ADDRESS) 1800 Ferguson

20. FILED Nov 16 1932 M. M. Groome Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1932 to Nov 14, 1932

I last saw him alive on Nov 14, 1932. Death is said to have occurred on the date stated above, at 11:25 p. m.

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

Terminal pneumonia following acute bronchitis and influenza & chronic bronchitis Date of onset 11-4-32

Other contributory causes of importance: Ch. Myocarditis - 1914

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? none 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 \_\_\_\_\_, 1932

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) John H. Bradley M. D. (Address) 1232 Professional Bldg. K. C. 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.

