

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

Do not use this space.

**21287**

**1. PLACE OF DEATH**

County ..... Registration District No. 703  
 Township St. Louis Primary Registration District No. 7003  
 City St. Louis (No. city of St. Louis) St. 2 Ward 2

File No. 5070  
 Registered No. 5070

**2. FULL NAME**

(a) Residence, No. 2721 Standard St., 2 Ward. (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 Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Magdale Campbell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-12-1905  
 7. AGE YEARS 28 MONTHS 2 DAYS 25 IF LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Mechanic  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Vanppale (STATE OR COUNTRY) Ark

13. NAME Andrew Campbell

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

15. MAIDEN NAME Julie Bennett

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

17. INFORMANT Magdaline Campbell (ADDRESS) 1216 1/2 Newburg

18. BURIAL, CREMATION, OR REMOVAL PLACE Farthing Jackson Lane 10 DATE June 10 1933

19. UNDERTAKER W. W. Bruce (ADDRESS) 1003 1/2 Harrison

20. FILED ON 10 13 33 J. F. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

*No physician in attendance*  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5 1933

22. I HEREBY CERTIFY That I attended deceased from ..... 19..... to ..... 19.....  
 I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 9:05 P. m.

The principal cause of death and related causes of importance were as follows:  
Fractured skull, lacerations of brain caused by auto. The was driving hit another auto. Driving carelessness on part of Blorze Campbell.  
 Other contributory causes of importance:  
criminal faulting

Date of onset 201

Name of operation 210M Date of 7-10  
 What test confirmed diagnosis? 210M Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 6/5, 1933  
 Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury Auto collision  
 Nature of injury Fract skull, lacerated brain

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Yes  
 (Signed) Karol J. Plunk M.D.  
 (Address) Deputy Registrar

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.

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