

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

Do not use this space.

**MAY 25 1934**

**85**

**PLACE OF DEATH**

County Buchanan  
Township \_\_\_\_\_  
City St. Joseph. (No. 2802 Doniphan Ave.)

Registration District No. \_\_\_\_\_  
Primary Registration District No. 1001

File No. 11978  
Registered No. 455  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Elizabeth Pearl McCampbell

(a) Residence, No. 2802 Doniphan Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 46 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28th, 1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>48</u>	<u>2</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home  
10. Date deceased last worked at this occupation (month and year) April 1934 11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps, Missouri

MOTHER FATHER 13. NAME William T. Coale,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

MOTHER 15. MAIDEN NAME Mary Karnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

17. INFORMANT Andrew D. Campbell  
(ADDRESS) 2802 Doniphan Avenue,

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jo. Mem. Park DATE April 17, 1934

19. UNDERTAKER Healer & Co. 1330  
(ADDRESS) 319 S. 10th St. Summit Home

20. FILED APR 17 1934  
APR 17 1934 Wm. R. Bender  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1932 to Apr 15, 1934  
I last saw her alive on Apr 14, 1934 Death is said to have occurred on the date stated above, at 9 a. m.

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

(Cancer) Carcinoma Date of onset Jan 1933  
Rt. Breast  
30  
Other contributory causes of importance:  
Metastatic Carcinoma Nov  
Left Breast & Lungs 1933

Name of operation Amputation Rt. Breast Date of Oct. 24, 33  
What test confirmed diagnosis? Path 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) E. M. Shores, M. D.  
(Address) 317 Kirkpatrick Bldg  
St. Joseph 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.

