

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.

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County..... Registration District No. 791
 Townshp. S. Lewis Primary Registration District No. 1003
 City St. Louis (No. City Ward)
 1212
 File No. 14932
 Registered No. 4129
 St. Ward)

2. FULL NAME

(a) Residence, No. 3217, Calhoun St. Ward. 24
 (Usual place of abode)
 Length of residence in city or town where death occurred 13 yrs. 13 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 - 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 2 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
 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) Russan

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hosp Inf J. M. Hunt of City Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE HARRISON PARK DATE 4/21/34

19. UNDERTAKER (ADDRESS) Christenson Undertakers HARRISON PARK

20. FILED J. H. Benedict Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/20 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/19 1934 to 4/20 1934

I last saw him alive on 4/20 1934 Death is said to have occurred on the date stated above, at 6:37 m.

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

cellulitis of abdominal wall secondary to a generalized peritonitis (Stiology + Type unknown) Date of onset

Other contributory causes of importance: 127

Hemorrhoids

shock

Name of operation..... Date of.....

What test confirmed diagnosis? clinical 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?.....

If so, specify

(Signed) Henry D. Hunt, M. D.

(Address) City Hosp

By
Banks

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#2
Dean's City

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Oscar Campbell
Who died at City Hosp on Apr 20 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 42 Months 2 Days 0

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank etc.

Cause of Cellulitis
Principal cause of death: Cellulitis of abdominal wall - secondary to a generalized peritonitis
Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) abdominal wall - secondary
Birthplace of father (State or country) to a Generalized
Birthplace of mother (State or country) peritonitis
Principal cause of death: _____

Hernia bands - shock
Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician B. H. Durs
Address of physician City Hosp
Signature of Registrar J. H. [unclear] 9-17-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 791

Very truly yours,
E. T. McGaugh M.D.
S. C.

Primary Reg. Dist. No. 1003

Special Agent.

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