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

Do not use this space.

File No. 21977

Registered No. 15728

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Saint Louis (No. City Hospital #2 St. ..... Ward)

2. FULL NAME James Campbell

(a) Residence, No. 449 Antelope Street, St., 8 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life Long yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6th, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
54	11	29	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Missouri

FATHER

13. NAME James Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Missouri

MOTHER

15. MAIDEN NAME Frances Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Missouri

17. INFORMANT Ethel Johnson
(ADDRESS) 449 Antelope Avenue,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE 6-9-34, 19

19. UNDERTAKER Chas. J. Gates
(ADDRESS) 4107 Finney Ave

20. FILED JUN -8 1934 J. L. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1934

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 4:40 p.m.

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

	Date of onset
Multiple Fractures & Skull Fracture, Received when he fell from a freight train while attempting	

Other contributory causes of importance:
to steal a ride on same St. Louis Mo.
No autopsy involved

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/4, 1934
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.
Industry
Manner of injury Fell off freight train
Nature of injury Multiple Fractures & Skull

24. Was disease or injury in any way related to occupation of deceased? ....
If so, specify .....

(Signed) John Feeney M.D.
(Address) 6/8/34 Lyle Crowe

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

10M-11-24-33