

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

Do not use this space.

**791  
1003**

File No. **22443**  
Registered No. **6234**

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. Jewish Hospital) St. .... Ward.....

**2. FULL NAME**

Julia Campbell  
(a) Residence, No. 4049 Easton St., 11 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Michael Campbell</u> (Chd)		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-23-1874</u>		
7. AGE	YEARS	MONTHS
	<u>59</u>	<u>9</u>
		DAYS
		<u>1</u>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	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	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-24-1934

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1934, to June 24, 1934.  
I last saw him alive on June 24, 1934. Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:  
infected foot  
cytitis  
chr. nephritis 131  
Date of onset

Other contributory causes of importance:  
infection developed from cutting corn on toe

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

MOTHER: 13. NAME James Morley

FATHER: 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Margaret Kelly

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

17. INFORMANT (ADDRESS) Michael Campbell  
4049 Easton St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walwyn Cem DATE June-27-1934

19. UNDERTAKER (ADDRESS) Pullman Bros  
1718 N. Grand Blvd.

20. FILED 26 1934 J. Bredeck Registrar.

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Walter A. Haukefuth, M. D.  
(Address) 1127 1/2 E. 520 Ave

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.

