

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

Do not use this space.

1. PLACE OF DEATH *2612 Pine St. 1934*

County.....
Township.....
City *St. Louis, Mo.* (No. *2612* Pine St)

Registration District No. *791*
Primary Registration District No. *1003*

File No.....
Registered No. *11027*
St. Ward)

2. FULL NAME *Addie Mae Campbell*

(a) Residence, No. *2612 Pine St.* St. *21* 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 <i>Female</i>	4. COLOR OR RACE <i>Cold</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>?</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>?</i>		
7. AGE YEARS <i>about 43</i>	MONTHS <i>-</i>	DAYS <i>-</i>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housekeeper</i>		
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) <i>ark Tenn</i>		
13. NAME <i>Tom Jones</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Tenn</i>		
15. MAIDEN NAME <i>Don't Knows</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Tenn</i>		
17. INFORMANT (ADDRESS) <i>Robert Scott 2612 Pine St.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Father Lykion</i> DATE <i>NOV 19 1934</i>		
19. UNDERTAKER (ADDRESS) <i>A. H. Deal and Co. 2726 Hayes Ave</i>		
20. FILED <i>NOV 19 1934</i> Registrar <i>J. Bredeck</i>		

No physician attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 1 1934*

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw h..... alive on..... *9:30* 19..... Death is said to have occurred on the date stated above, at.....
The principal cause of death and related causes of importance were as follows:
*Chronic Myocarditis
Chronic Interstitial Nephritis
Compensation of Liver
Splenitis* Date of onset
Other contributory causes of importance:
*12/2/13
131
97*

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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) *John Sweeney*, M.D.
(Address) *St. Louis, Mo.*

11/19/34

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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