

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

Do not use this space.

JAN 8 1935

43240

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City, Mo (No. Victoria Hospital 96th Mo Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Elizabeth Young Campbell  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_ (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-8-1867  
 7. AGE: YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 10 20  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
 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) Do not know  
 FATHER 13. NAME Do not know  
 14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Do not know  
 MOTHER 15. MAIDEN NAME Do not know  
 16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Do not know  
 17. INFORMANT H. Clark  
 (ADDRESS) Victoria Hotel 46th  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Osage City, Kas DATE 12/30/34  
 19. UNDERTAKER (ADDRESS) B. V. DAVIS FUNERAL HOME, INC.  
2146 Main St.  
 20. FILED 1/30 1935 M. M. Corone Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28-1934  
 22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1934, to Dec 28, 1934  
 I last saw her alive on Dec 26, 1934 Death is said to have occurred on the date stated above, at 10:20 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of the Date of onset \_\_\_\_\_  
stomach.  
Age 67  
 Other contributory causes of importance:  
 Name of operation M. U. Clinics Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Were 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) B. B. Powell, M. D.  
 (Address) 424 Argyle Bldg.

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.

W. W. W.

Dr. Powee.

Angyle Body Room 424

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