

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

Do not use this space.

44151

JAN 21 1935

1. PLACE OF DEATH

County St Charles
Township St Charles
City St Charles

Registration District No. 757
Primary Registration District No. 3036

File No. _____
Registered No. 716
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 723 Clay St 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. D. M. Campbell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>73 yrs - 1861</u>		
7. AGE YEARS <u>73</u>	MONTHS —	DAYS —
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo</u>		
13. NAME <u>Thomas McKenna</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belfast Ireland</u>		
15. MAIDEN NAME <u>Jane Rickard</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Armah Ireland</u>		
17. INFORMANT (ADDRESS) <u>Anna McKenna New York City N. Y.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic Church</u> DATE <u>Dec 6</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Wagner 3621 Olive St St Louis</u>		
20. FILED <u>12/5</u> 19 <u>34</u> <u>Charles G. Kessler</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15th 1934 to Dec 4th 1934
I last saw him alive on 12-4 1934 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach
Other contributory causes of importance:
Senility
Bronchopneumonia

Name of operation None Date of none
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury no, 1934
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Blank
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) R. O. Linden, M. D.
(Address) 206 W. 11th St. St. Charles Mo.

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.

Examine
C. J. ...