

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

Do not use this space.

FEB 19 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Rau Primary Registration District No. 1002
 City Kansas City (No. Wesley Hospital) St. 37 Ward

File No. 1231

Registered No. 37

2. FULL NAME

(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Wm E. Schwank

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 3 2

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

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 life

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

13. NAME Perry Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Matilda Edwards

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

17. INFORMANT Charles Schwank (ADDRESS) Bellton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellton, Mo DATE 1/8 1935

19. UNDERTAKER E. T. Gwynn & Sons (ADDRESS) Bellton, Mo

20. FILED 1-8 1935 M. M. Crawford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1935, to Jan 5 1935. I last saw her alive on Jan 5 1935. Death is said to have occurred on the date stated above, at 7:15 P.M.

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

General Peritonitis
1270
 Other contributory causes of importance:
Strangulated abdominal
hernia
 Date of onset Jan 3/35

Name of operation Relieved Strangulation Date of Jan 3/35
 What test confirmed diagnosis? Roentgen Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1935

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) J. Robinson M. D.
 (Address) 926 East 11th St
St. Louis, Mo

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.

