

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

Do not use this space.

MAR 1 1935

3883

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township..... Primary Registration District No. 6248 B
 City Jefferson Barracks (No. Veterans Administration Facility) St. Ward)

File No.....
 Registered No. 41

2. FULL NAME James W. Campbell

(a) Residence, No. 420 Clark St., Ward. Canton, Missouri
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred Un yrs. kn mos. Wn ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unavailable-Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1889

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day,hrs. ormin.
	45	9	21	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Porter</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unavailable</u>
	10. Date deceased last worked at this occupation (month and year) <u>Unavailable</u> 11. Total time (years) spent in this occupation <u>Unavail</u>

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

13. NAME Unavailable

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

15. MAIDEN NAME Unavailable

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

17. INFORMANT W. C. Gibson, M.D.
 (ADDRESS) Vet. Adm. Facility, Jeff. Brks.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Canton, Mo. DATE Jan. 28, 1935

19. UNDERTAKER Albert H. Hoppe Inc.
 (ADDRESS) 429 N. Euclid, St. Louis, Mo.

20. FILED Jan. 26, 1935 J. Mowry
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1935 to January 26, 1935.
 I last saw him alive on January 26, 1935 Death is said to have occurred on the date stated above, at 5:45 a.m.

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

Myocarditis, with hypertrophy and dilatation, congestive type of cardiac failure.

Date of onset Unkn

Other contributory causes of importance:
None

Name of operation History, physical and x-ray findings Date of
 What test confirmed diagnosis? Was there an autopsy? No
 Clinical manifestations.

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) W. C. Gibson, M.D. M. D.
 (Address) Vet. Adm. Facility, Jeff. Brks., 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.

RECORD WITH EXPANDING INK—THIS IS A PERMANENT RECORD

245-1-31

