

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.

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

Do not use this space.

APR 25 1935

10402

1. PLACE OF DEATH

County St. Louis Registration District No. 785
 Township Bonhomme Primary Registration District No. 6031
 City Manchester, Mo. (No. St. Louis Co. Home of Age. St. Ward)

File No.
 Registered No. 57

2. FULL NAME

Oliver G. Campbell
 (a) Residence, No. 6300 St. Louis Avenue St. Ward Wellston Mo.
 (Usual place of abode) (formerly Hamburger Ave) (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Laura Campbell, (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30, 1860.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
74 2 20

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

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) Iowa.

13. NAME William Campbell.

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

15. MAIDEN NAME Amenda Miller.

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

17. INFORMANT Clem Denton. (ADDRESS) 5957 Wells Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter, Cem. DATE March 21/35

19. UNDERTAKER Gas. W. Clark. (ADDRESS) 1125 Hodiamont Ave.

20. FILED 3/21 1935 Agnes O. Kelly, Dept Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1935 to March 20, 1935
 I last saw him alive on March 20, 1935 Death is said to have occurred on the date stated above, at 3.45 pm

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

Chronic cystitis
Chronic prostatitis
Chronic nephritis
Chronic myocarditis

Date of onset

Other contributory causes of importance:
Hemiplegic cerebral hemorrhage 1934
Arteriosclerosis

Name of operation Date of
 What test confirmed diagnosis? Physical 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 , 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. R. Loving, M. D.
 (Address) Ballwin, Mo.

