NOV 21 1935

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

Do not use this space.

32820

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: Jackson — Registration District No.: 2000

Township: Kans. — Primary Registration District No.: 2000

City: Kansas City (No. 5912 College St. 3409 Ward)

2. FULL NAME James W Campbell

(a) Residence, No. 5912 College St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 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: wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nellie M Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 17 1864

7. AGE: Years 71 Months 5 Days 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Street Railways Co

10. Date deceased last worked at this occupation (month and year): present

11. Total time (years) spent in this occupation: 35 yrs

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

FATHER

13. NAME: James H Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Melvina Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

17. INFORMANT (ADDRESS): Mrs Nellie M Campbell 5912 College

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mt. Moriah DATE: OCTOBER 22, 1935

19. UNDERTAKER (ADDRESS): Chrisenberry's Sons, Kansas City - Mo.

20. FILED: 10-21 1935 M. M. Crouch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 20 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1935, to Oct 19 1935. I last saw him alive on Oct 19 1935. Death is said to have occurred on the date stated above, at 6:15 a.m.

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

Apoplexy — (Date of onset)

Chronic Myocarditis

Other contributory causes of importance:

Chronic Nephritis

Chronic Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was 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? .....

If so, specify .....

(Signed) A C Rigby M. D.

(Address) 216 S. Pulaski Blvd

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

10M-3-28-35