

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.

NOV 9 1935

34592

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No. *11334*)

Registration District No. *791*
Primary Registration District No. *1003*

File No.
Registered No. *9034*
St. Ward

2. FULL NAME

(a) Residence, No. *2858* *St. Ann* Ward.
(Usual place of abode)

Length of residence in city or town where death occurred *5* yrs. *23* mos. *23* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 28, 1935*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Charles Colbert*

22. I HEREBY CERTIFY, That I attended deceased from *10/21/35*, 19*35*, to *10/28/35*, 19*35*. I last saw *her* alive on *10-28, 1935*. Death is said to have occurred on the date stated above, at *7:30 p.m.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov-21-1870*

The principal cause of death and related causes of importance were as follows:
Coronary Artery Disease
Coronary occlusion

7. AGE YEARS *64* MONTHS *11* DAYS *7* IF LESS than 1 day, hrs. or min.

Date of onset
9/4/35

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

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.

Other contributory causes of importance:
9/4/35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pennsylvania*

13. NAME *Waller Stevenson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scotland*

15. MAIDEN NAME *Jeannie Campbell*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scotland*

17. INFORMANT (ADDRESS) *Joseph C. Campbell*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bellefontaine* DATE *10/30/35*

19. UNDERTAKER (ADDRESS) *Peat Bros. 5024 Lafayette*

20. FILED *Oct 29 1935* 19 *9th* *Bradeck* Registrar.

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) *Joseph C. Campbell*, M. D.

(Address) *St. Louis*

