

1658

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

Do not use this space.

DEC 27 1935

38034

1. PLACE OF DEATH  
County MO. BAPTIST SANITARIUM Registration District No. 791  
Township..... Primary Registration District No. 1003  
City ST. LOUIS (No. MO. BAPTIST SANITARIUM) St. .... Ward)

2. FULL NAME RONALD CLARK CAMPBELL  
(a) Residence, No. 5936 WALTON AVE. St. 7R Ward. CHICAGO, ILL.  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, OR DIVORCED (write the word) MARRIED  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 26th, 1889  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
46 5 3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29 19 35  
22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12 P.m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOSPITAL ATTENDANT  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

BARBITAL POISONING  
MANNER & CAUSE OF SAME COULD NOT BE ASCERTAINED  
Other contributory causes of importance:  
195

12. BIRTHPLACE (CITY OR TOWN)..... SCOTLAND (STATE OR COUNTRY)  
13. NAME THOMAS CAMPBELL  
14. BIRTHPLACE (CITY OR TOWN)..... SCOTLAND (STATE OR COUNTRY)  
15. MAIDEN NAME FANNY CAMPBELL  
16. BIRTHPLACE (CITY OR TOWN)..... ENGLAND (STATE OR COUNTRY)

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? YES

17. INFORMANT 5936 WALTON ST., CHICAGO, ILL. (ADDRESS) MISS EDNA CAMPBELL  
18. BURIAL, CREMATION, OR REMOVAL PLACE CHICAGO, ILL. DATE 12/2/35 19.....  
19. UNDERTAKER PEETZ BROS. (ADDRESS) 3029 LAFAYETTE

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?..... OPEN VERDICT (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.....

20. FILED 11/30/35 19 J. J. BERRECK

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....  
(Signed) JOHN J. SWENEY M.D.  
(Address) Per. Health Officer

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

197 888

