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

FEB 17 1936

Do not use this space.

5748

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kan. — Primary Registration District No. 1002 — Registered No. 533
City Kansas City, Mo. (No. St. Mary's Hosp St. Ward)

2. FULL NAME Ida Viola Campbell
(a) Residence, No. Muncie, Kan. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE White
5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1884

7. AGE — YEARS 52 — MONTHS 7 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Niobrara, Nebraska

FATHER
13. NAME Franklin G. Danner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Sarah Lady
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) David E. Campbell Muncie, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fallcreek Cemetery Leavenworth Co. Kansas DATE 2-2- 1936

19. UNDERTAKER (ADDRESS) Kennedy Bros. Tonganoxie Kansas

20. FILED 2/4 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-2-, 1936

22. I HEREBY CERTIFY, That I attended deceased from about July, 1934, to Feb-2-, 1936
I last saw her alive on Feb-1-, 1936. Death is said to have occurred on the date stated above, at 2:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis - Chronic ulcerative	
23	

Other contributory causes of importance:
1) Chronic Pyopneumothorax (Communicating with Bronchus)
2) Acute Popillary Bronchitis

Name of operation Pneumotorax Date of July 1934
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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 No.
(Signed) Sam H. Smith, M. D.
(Address) 713 Med Arts Bldg Kansas City Mo.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No. 5798-36
Local Registrar's No. 533-36

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 19th day of May, 1949, before me appears Dave E. Campbell, who, upon his oath, states that the original record of ~~birth~~ death for Ida Viola Campbell, died ~~born~~ February 2, 1936, in the State of Missouri, and which was filed at Kansas City on 2-2, 1936, should be corrected as follows:

Item No. ..... should read .....
Instead of .....
Item No. 2 should read Icia (ICIA) Viola Campbell
Instead of Ida Viola Campbell
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

SUPPLEMENT

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant David E. Campbell (Husband)
Relationship.

Muncie, Kansas
Present Address.

Subscribed and sworn to before me this 19th day of May, 1949

My Commission expires Oct. 21, 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667