

AUG 24 1936

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

Do not use this space.

26852

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township BluePrimary Registration District No. 1002City Kansas City (No. N.O. Hosp.)File No. _____
Registered No. 3521
St. _____ Ward _____2. FULL NAME Campbell, Edna(a) Residence, No. 9316 Brooklyn St., _____ Ward. _____Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 19217. AGE YEARS 34 MONTHS 1 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Instructor in sewing - U.P.A.

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) La13. NAME Bergilla Campbell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La15. MAIDEN NAME Allen - Helen16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La17. INFORMANT K.C. Hosp. (ADDRESS) 1224 Lyda18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 7/28 193619. UNDERTAKER (ADDRESS) Watkins Bros.20. FILED July 28 1936 M. H. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 193622. I HEREBY CERTIFY, That I attended deceased from April 7 1936 to July 25 1936I last saw h. alive on July 24 1936 Death is said to have occurred on the date stated above, at 4:40 m.

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

pulmonary tuberculosis Date of onset 23

Other contributory causes of importance: _____

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 Helen Crowe (Address) Kansas City, Mo.

