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

Do not use this space.
26909
File No. 3589

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kansas — Primary Registration District No. 1002 — Registered No.
City K. C. Mo. (No. Liberty Hall, 11th & Oak Sts. St. Ward)

2. FULL NAME Fred Henry Campbell
(a) Residence, No. 4142 Flora 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Myrtle Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-3-1887

7. AGE: Years 49 — Months 3 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Inspector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K.C. Hall Bldg
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) Illinois

FATHER
13. NAME Wm Campbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Mary Ferguson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Myrtle Campbell
(ADDRESS) 4142 Flora Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE Aug-3-36

19. UNDERTAKER Mrs. E. L. Gabbert
(ADDRESS) 918 Brooklyn avenue

20. FILED 8-3, 1936 M. Ah Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-31-1936

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1936, to July 31, 1936, 19..
I last saw him alive on July 31, 1936. Death is said to have occurred on the date stated above, at 8:15 Am
The principal cause of death and related causes of importance were as follows:
Fracture of the skull — Date of onset
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? Accident Date of injury July 29, 1936
Where did injury occur? 11th & Oak Sts. K.C. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Slipped off Building Frame
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify
(Signed) ....., M. D.
(Address)

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.