

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

Do not use this space.

1. PLACE OF DEATH

FEB 8 1937 791

3837

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No.....

City **St. Louis**

(No. **Bethesda Hosp.**)

St. Ward)

2. FULL NAME Kenneth Campbell

(a) Residence, No. St. **NR** Ward. **1**

Steelville Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. **29** 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, WIDOWED, OR DIVORCED (write the word) **Single**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 20**, 19 **37**

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

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 22**, 19 **36** to **Jan 20**, 19 **37**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 26, 1930**

I last saw him alive on **Jan 20**, 19 **37** a Death is said

7. AGE YEARS **6** MONTHS **4** DAYS **25** IF LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at **11:55** A. M.
The principal cause of death and related causes of importance were as follows:

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

Acute Osteomyelitis Rt. Tibia Date of onset **12-19-36**

12. BIRTHPLACE (CITY OR TOWN) **Keepville, Mo** (STATE OR COUNTRY)

non TB

13. NAME **Francis M. Campbell**

Other contributory causes of importance:
Staphylococcus Septicemia
Hem Uepleritis Acute Endocarditis
Pneumonia Bronchial

14. BIRTHPLACE (CITY OR TOWN) **Dent County Mo** (STATE OR COUNTRY)

Name of operation **Osteotomy** Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **NO**

15. MAIDEN NAME **Maggie Wilkinson**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

16. BIRTHPLACE (CITY OR TOWN) **Cherryville Mo** (STATE OR COUNTRY)

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT **Francis Campbell** (ADDRESS) **Steelville Mo**

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Steelville Mo** DATE **Jan 23**, 19 **37**

Manner of injury.....
Nature of injury.....

19. UNDERTAKER **Alexander & Sons** (ADDRESS) **6175 Delmar**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

20. FILED **JAN 20 1937** **JT Bredeck** Registrar.

(Signed) **John Zahnke**, M. D.
(Address) **536 N. Taylor**

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.

96
30
9

107a

