

JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County JACKSON
Township Jackson
City (No. 117th + Virginia)

Registration District No. 404
Primary Registration District No. 5338

File No. 20332
Registered No. 34 Ward

2. FULL NAME

Miss Marjorie May Campbell

(a) Residence, No. 117th + Virginia Ward.

(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 He 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March - 8 - 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 2 14

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Center School

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 13 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME W. Frank Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME April Vera Holmes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mr + Mrs W. Frank Campbell

18. BURIAL, CREMATION, OR REMOVAL PLACE Truck Hill DATE May 25 1937

19. UNDERTAKER Blowers Funeral Home

20. FILED 6-8-1937 Miss J. S. Brennan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 22 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Dr. J. C. Carr 1937

I last saw him alive on May 22, 1937 Death is said

to have occurred on the date stated above, at 5:15 p.m.

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

Chronic tonsillitis
Rheumatic heart disease

Other contributory causes of importance:
Aspiration pneumonia
Following tonsillotomy

Name of operation Tonsillectomy Date of 5/22/37

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? None Date of injury May 22 1937

Where did injury occur Truck Hill (Specify city or town, county, and State)

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

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) J. C. Carr M. D.

(Address) Truck Hill

Carr

Carr

Carr

Carr

Carr

Carr

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.

