

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

Do not use this space.

JUN 29 1937

21324

1. PLACE OF DEATH

76 County St. Louis Registration District No. 489
Township Central Primary Registration District No. 6033
City (No. 7735 Circle Dr. Normandy 2 St. Ward)

File No. _____
Registered No. 162

2. FULL NAME

William S. Campbell

(a) Residence, No. 7735 Circle Dr. 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 Angela Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 9 7

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

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) Garden City MO.

13. NAME Calvin Campbell

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

15. MAIDEN NAME Sarah Roupe

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

17. INFORMANT Mrs. Angela Campbell
(ADDRESS) 7735 Circle Dr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE June 9, 1937

19. UNDERTAKER (ADDRESS) Edmond T. Ulls
3707 N. Grand St.

20. FILED 6-8-37 1937 Edl. Boehmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-5-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1929, to 6-5, 1937.

I last saw him alive on 6-5, 1937. Death is said to have occurred on the date stated above, at 1:45 p.m.

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

Acute Myocarditis Date of onset 1 wk

Other contributory causes of importance:

Ch. Nephritis
Ch. Myocarditis

Name of operation none Date of _____

What test confirmed diagnosis? physic lab Was there an autopsy? No

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? No

If so, specify none

(Signed) Dr. A. K. Embury, M. D.

(Address) 340 Bermuda Ave

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.

