

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **5340 Lotus Ave.**)
 St. Ward)

File No. **22558**
 Registered No. **6310**

2. FULL NAME **Jeanette Campbell**

(a) Residence, No. **5340 Lotus Ave.** St. **6** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Alvin M. Campbell**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 10th, 1857**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
35 79 9 17

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

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) **Iowa**

13. NAME **Philip Cassill**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Elizabeth Henderson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

17. INFORMANT **Phyllis Campbell**
 (ADDRESS) **5340 Lotus Ave.**

18. BURIAL, CREMATION, OR REMOVAL **Princeton, Indiana** DATE **June 30th, 1937**

19. UNDERTAKER **Arehmann Varal**
 (ADDRESS) **1905 Union Blvd.**

20. **JUN 29 1937** 19.....
 Registrar. **J. Predeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 27th, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 36, 1936** to **June 27, 1937**

I last saw her alive on **6-26, 1937** Death is said to have occurred on the date stated above, at **5:06 A.M. 6/27/37**

The principal cause of death and related causes of importance were as follows:
Apoplexy - cerebrovascular Date of onset

Myocardium & Myocarditis, Chr.

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

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) **Phyllis Campbell** M. D.

(Address) **927 E. ...**

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.

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