

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

1319

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.

FEB 20 1939

1. PLACE OF DEATH
 County Jefferson Registration District No. 399
 Township St. Louis Primary Registration District No. 102 File No.
 City St. Louis (No. St. Joseph Hospital) Registered No. 332 (Ward)

2. FULL NAME William Campbell
 (a) Residence, No. 6639 Broadway St. 102 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) Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED, TO HUSBAND (OR) WIFE Separated - World Campbell Aug 1934 to 1/25 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29 - 1875

7. AGE YEARS 63 MONTHS 8 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Physician

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

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) United States

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Wm. Campbell 6639 Broadway St. 102

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE 1/28 1939

19. UNDERTAKER (ADDRESS) J. J. O'Donnell 4256 Broadway

20. FILED Jan 25 1939 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/25 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1934 to 1/25 1939
 I last saw him alive on 1/25 1939. Death is said to have occurred on the date stated above, at 10 m.
 The principal cause of death and related causes of importance were as follows:
Chronic glomerular nephritis with uraemia 59 1933
 Other contributory causes of importance: Diabetes

Name of operation

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?

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

(Signed) Wm. Campbell, M. D.
 (Address) 925 Maple Bldg

