WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

34982

1. PLACE OF DEATH
County St Louis
Township
City Mo (No. ..... St. ..... Ward)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 10129

2. FULL NAME Catherine Campbell
(a) Residence. No. 2944 Market St., 22 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 Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 30, 1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	—	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Roosevelt Campbell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Augusta
(STATE OR COUNTRY) Ark
12. MAIDEN NAME OF MOTHER Ella McGlern
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Augusta
(STATE OR COUNTRY) Ark

14. INFORMANT Ella Campbell
(Address) 2944 Market St.

15. FILED NOV 12 1927, 19 Max C. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 10 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1927, to Nov 10, 1927, that I last saw her alive on ....., 19.., and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 24 A 1.3
Tuberculous Meningitis of Meninges,
(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Rachitis
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 32 N
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Vincent J. Muelle, M.D.
XI-12, 1927 (Address) 23 35 Franklin

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park Cemetery
DATE OF BURIAL Nov. 12, 1927

20. UNDERTAKER J. C. Thomas
ADDRESS 3111 Laclede