APR 30 1930

94

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

Do not use this space.

10000

1. PLACE OF DEATH

County St. Francois — Registration District No. 773

Township St. Francois — Primary Registration District No. 6018 A

City Near Farmington, Mo. — St. — Ward)

File No.

Registered No. 46

2. FULL NAME John P. Campbell

(a) Residence. No. St. Louis, Mo. 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. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 26, 1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
75	1	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER Oliver P. Campbell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Alabama Turner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Hospital Records
(Address) Farmington, Mo.

15. FILED 3/24/30 B. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Mch 12, 1930 to Mch 24, 1930 that I last saw him alive on Mch 24, 1930 and that death occurred, on the date stated above, at 8 30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy

82 A

79

6 [illegible] (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis and Senility

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? ~~clinical~~

WHAT TEST CONFIRMED DIAGNOSIS? clinical

D (Signed) P. J. Tate, M. D.

, 19 (Address) Hosp. # 4 Farmington Mo.

*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	DATE OF BURIAL
St Louis Mo.	Mch 27 1930
20. UNDERTAKER Geo L Pleitsch	ADDRESS 5966 Easton Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified.

77