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

Do not use this space.

21722

File No.

Registered No. 2857

1. PLACE OF DEATH

County: Jackson — Registration District No. 3 2 9

Township: Kaw — Primary Registration District No. 1 0 0 8

City: Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME Dorothy Cowan Campbell

(a) Residence. No. 1801 Verona Terrace St., Ward. Mission Hills Ks (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	1	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(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) Missouri

PARENTS

10. NAME OF FATHER Arthur C. Cowan

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

12. MAIDEN NAME OF MOTHER Martha C. George

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

14. INFORMANT D. Keedy Campbell
(Address) 1801 Verona Terrace

15. FILED 6/30, 19 31 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 1931

17. I HEREBY CERTIFY, That I attended deceased from 6/17/31, 19, to 6/29/31, 19, that I last saw h. alive on 6/24/31, 19, and that death occurred, on the date stated above, at 10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal obstruction
17713
, (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) adhesion peritonitis
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF 6/18/31
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy

6/30, 1931 (Signed) [illegible] M. D.
(Address) 1500 Prof Bldg

*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~~ Forest Hill Cemetery — DATE OF BURIAL 6-30 1931

20. UNDERTAKER Stine + McClure — ADDRESS 3235 Gillham Plaza

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.

Professional Bldg.
Maine 1115