

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

Do not use this space.

*Dr. Fullington*  
34209  
File No. \_\_\_\_\_  
Registered No. **761**

**1. PLACE OF DEATH**

County St. Louis Registration District No. 3/8  
Township Campbell Primary Registration District No. 440  
City St. Louis (No. 1) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edward Campbell</u> <u>1911 - June 16 - 1931</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 16 - 1855</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>4</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Widow of Edward Campbell</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Widow of Edward Campbell</u>		
10. Date deceased last worked at this occupation (month year) <u>June 16 - 1931</u>		11. Total time (years) spent in this occupation <u>24</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Delaware</u>		
13. NAME <u>Juliana Kennedy</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Delaware</u>		
15. MAIDEN NAME <u>Mary A. Kennedy</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Delaware</u>		
17. INFORMANT (ADDRESS) <u>Mother Superior, St. Vincent's</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>St. Vincent's Oct 24 1931</u>		
19. UNDERTAKER (ADDRESS) <u>St. Vincent's</u>		
20. FILED <u>10-24 1931</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-23 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/20 1931 to 10/23 1931

I last saw her alive on Oct 22 1931

to have occurred on the date stated above, at 12 p.m.  
The principal cause of death and related causes of importance were Coronary heart disease

Other contributory causes of importance:  
None

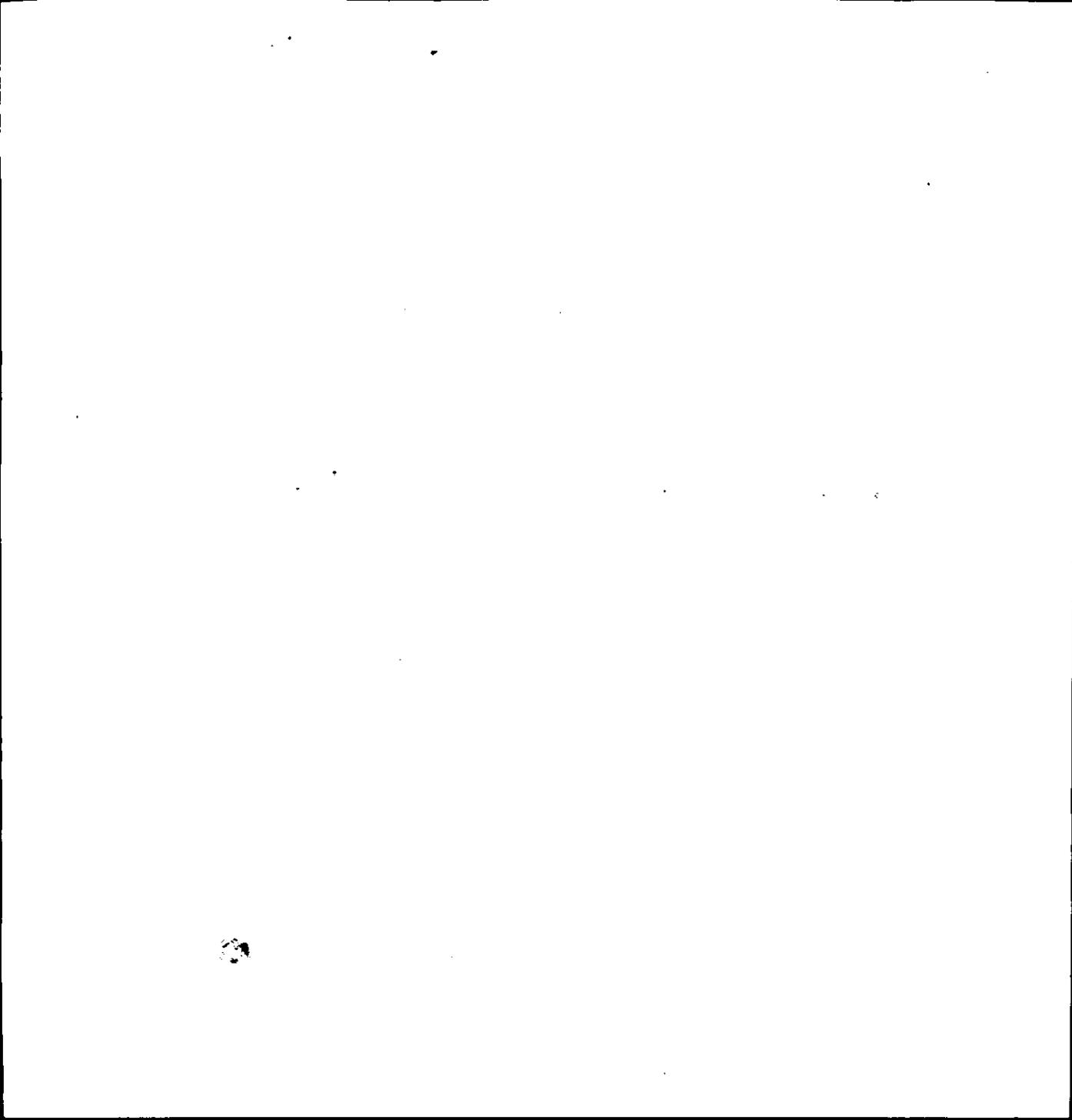
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
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) St. Fullington, M. D.  
(Address) St. Louis, Mo.

NOV 24 1931



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Greene Registration District No. 318 File No. \_\_\_\_\_  
 Township S. Campbell Primary Registration District No. 203440 Registered No. 761  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Sister Mary Immaculate Scott  
 (a) Residence, No. \_\_\_\_\_ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 1931

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

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

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
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The principal cause of death and related causes of importance were as follows: \_\_\_\_\_ (Date of onset)

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

Cancer of bowel!  
primary seat!  
of cancerous bowel  
undetermined  
 Other contributory causes of importance: \_\_\_\_\_

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

Name of operation 460 Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

13. NAME

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

15. MAIDEN NAME

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED 10-24-1931 Lon Sharp Registrar.

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-34209