

JUN 1 8 1935

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

Do not use this space.

15638

**1. PLACE OF DEATH**County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph,(No. St. Joseph, s Hospital)

File No.

Registered No. 526

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Thomas Edward Campbell(a) Residence, No. St. Joseph R F D 6 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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)**Married**5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF**Arville M Campbell**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**Febr. 5, 1870.**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.6534**OCCUPATION****8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.**Farm Laborer**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****12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)**Gower  
Missouri**FATHER****13. NAME**Richard Campbell**14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)**Gower,  
Missouri**MOTHER****15. MAIDEN NAME**Unknown**16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)**Unknown  
Unknown**17. INFORMANT  
(ADDRESS)**Arville M Campbell  
St. Joseph, M. R F D 6**18. BURIAL, CREMATION, OR REMOVAL**City Cemetery

PLACE

St. Joseph, Mo.

DATE

May, 10

1935

**19. UNDERTAKER  
(ADDRESS)**H. O. Sidenfaden  
1802 Union Str St. Joseph, Mo.**20. FILED**5-10-35John R Bender  
Registrar.**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** May, 9th 1935**22. I HEREBY CERTIFY, That I** attended deceased from  
May 10, 1935, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 2/30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? St. Joseph Was there an autopsy? no**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?** no

If so, specify \_\_\_\_\_

(Signed) Forrest Thomas Coroner, M. D.(Address) 731 Jackson St.

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.

