JUL 17 1935

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

Do not use this space.

22942

2374

1. PLACE OF DEATH

County Jackson — Registration District No. — File No.

Township ~~Kaw~~ — Primary Registration District No. — Registered No.

City Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Walter Horace Campbell

(a) Residence, No. 608 West 77th Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 11 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~~) Mrs Mamie Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1884

7. AGE: YEARS 50 — MONTHS 7 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mail Clerk
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) Ohio

FATHER

13. NAME William J. Campbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER

15. MAIDEN NAME Eva J. Dury
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs Mamie Campbell 608 West 77th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE July 3 1935

19. UNDERTAKER (ADDRESS) Freeman Mortuary &Chapel 104 West 42nd Street

20. FILED 7-2- 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1. 1935

22. I HEREBY CERTIFY That I attended deceased from July 1st 1935 to July 1st 1935
I last saw him alive on July 1 1935 Death is said to have occurred on the date stated above, at 6-03 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Infarct. (Early pneumonia).	1 P.M.
Acute arthritis Rt. Knee joint 2 days.	

Other contributory causes of importance:
Hypertension myocardial degeneration
Chronic tuberculous pleurisy

Name of operation Aspiration Date of 7/1-1935
What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

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 ~~[illegible]~~
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M. D.
(Address) Trinity Lutheran Hospital

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.

AUG 3 1953