

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

Do not use this space.

44941

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Base Primary Registration District No. 1002
 City Warrens City (No. 1002) St. Louis St. 1002 Ward)

2. FULL NAME

Dallie Campbell
 (a) Residence, No. 3138 Chestnut St., Ward. (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>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 19, 1887</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>6</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Practical</u>		IF LESS than 1 day,hrs. ormin.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Nurse</u>		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bellevue, Mo</u>		
13. NAME <u>Ben. Herzog</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bellevue, Mo</u>		
15. MAIDEN NAME <u>Bertha Roth</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U. S.</u>		
17. INFORMANT <u>Mrs. Rita Eber</u> (ADDRESS) <u>614 Wardar Hot Springs Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn</u> DATE <u>12/23/36</u>		
19. UNDERTAKER <u>Barrall Davidson</u> (ADDRESS) <u>302 1/2 T. Road</u>		
20. FILED <u>Nov 23, 1936 M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/21/36

22. I HEREBY CERTIFY That I attended deceased from , 19
 I last saw him live on , 19 Death is said to have occurred on the date stated above, at min.
 The principal cause of death and related causes of importance were as follows:
Chronic hypertensive myocarditis Date of onset

Other contributory causes of importance:

Name of operation 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) , M. D.
 (Address)

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.

