

I X12004

WHILE LIVING, WITH CHANGING INSTANCES IS A PERMANENT RECORD

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.

In witness whereof I, the undersigned, have signed this certificate of death on this 8th day of February, 1938, at St. Louis, Missouri.

MISSOURI STATE BOARD OF HEALTH

REC'D MAR 14 1938

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

4792

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City St. Louis (d) Street No. 3413 Franklin Registered No. **1437**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John W. Campbell **514**
 (a) Residence, No. 3413 Franklin Ave St. **21** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-23-1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 6 12

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
 10. Date deceased last worked at this occupation (month and year) undisclosed Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Miss.13. NAME John W. Campbell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison County, Miss.15. MAIDEN NAME Matilda Mabry16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co., Miss.17. INFORMANT (ADDRESS) Father, John W. Campbell, 3413 Franklin Ave18. BURIAL, CREMATION, OR REMOVAL PLACE Goodman Mills DATE Feb 13 193819. FUNERAL DIRECTOR (ADDRESS) W. J. Bruce, 1003 1/2 Garrison Ave20. FILED FEB 8 1938 J. D. Brudick (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6 1938

22. I HEREBY CERTIFY, that I attended deceased from Feb 3 1938 to Feb 6 1938
 I last saw deceased alive on Feb 6 1938 Death is said to have occurred on the date stated above, at 8:30 P. m.
 The principal cause of death and related causes of importance were as follows:

Robert pneumonia
exposure, 100

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 John W. Campbell M. D.(Signed) J. D. Brudick(Address) St. Louis, Mo.

STATEMENT BY LICENSED EMBALMER

I, Louis V. Atkiss, Licensed Embalmer No. 2842

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Louis V. Atkiss
Licensed Embalmer No. 2842

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)