

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.

1850 JUN 13 1937

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

Do not use this space.

18871

1. PLACE OF DEATH

County Jackson  
Township Washington  
City Keokuk (No. ....)

Registration District No. 404  
Primary Registration District No. 5338

File No. ....  
Registered No. 29  
St. .... Ward)

2. FULL NAME

Will Stella Stephens Campbell  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 10, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
60 1 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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) K. C. Mo.

MOTHER FATHER 13. NAME James Ray Campbell

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

15. MAIDEN NAME Victory Kelley

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

17. INFORMANT Ruby R. Campbell (ADDRESS) Summit, Mo.

18. ~~PLACE~~ CREMATION, OR ~~REMOVED~~ no

PLACE Elmwood, K. C., Mo. DATE May 24, 1937

19. UNDERTAKER C. K. George & Sons (ADDRESS) Keokuk, Mo.

20. FILED 6-6-39 1939 Mrs. J. T. Brennan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Coroner to ..... 19..... 19.....  
I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....about 1 p. m.

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

Chronic Myocarditis Date of onset 1937

Other contributory causes of importance:  
Arterio-sclerosis

Name of operation none Date of.....

What test confirmed diagnosis? Autopsy 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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) A. J. Burgess M. D.

(Address) St. Paul, Mo.

