

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**

File No. **21983**
Registered No. **5735**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **507 N Whittier 19** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **36** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **7-10-59**

7. AGE YEARS **78** MONTHS **77** DAYS **11** If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **housewife**

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) **Buffalo N. Y.**

13. NAME **Wm Campbell**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland**

15. MAIDEN NAME **Ellen Martin**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Sarah Bartels** (ADDRESS) **507 N Whittier St. Kansas City, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Not known** DATE **June 12 1937**

19. UNDERTAKER **Bud Carlston** (ADDRESS) **St. Louis, Mo.**

20. FILED **J. Bredeck** Registrar.

JUN 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-10 1937**

22. I HEREBY CERTIFY, That I attended deceased from **5-13 1937** to **6-10 1937**

I last saw her alive on **6-9-37** 19. Death is said to have occurred on the date stated above, at **4 A** m.

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

Carcinoma of vulva

Date of onset

Other contributory causes of importance:

Myocardial failure (6-6)

Name of operation **Vulvectomy** Date of **5-17-37**
What test confirmed diagnosis **Microscopic** 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) **Pearson B. Kellogg**, M. D.
(Address) **3427 Washington**

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.

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