

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

BOROUGH OF BrooklynName of Institution St. Catharine's HospitalRegister No. 121022 FULL NAME William Campbell3 SEX male4 COLOR OR RACE white5 SINGLE, MARRIED, WIDOWED, or DIVORCED
(Write the word) widowed6 DATE OF BIRTH May 18, 18597 AGE 59 yrs. 11 mos. 21 ds. or min.

If LESS than

1 day, hrs.

8 OCCUPATION Lieutenant

(a) Trade, profession or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) U. S.

(A) How long in U. S. (if of foreign birth);

(B) How long resident in City of New York

PARENTS OF DECEASED

10 NAME OF FATHER Bernard Campbell11 BIRTHPLACE OF FATHER (State or country) Ireland12 MAIDEN NAME OF MOTHER Catharine Burns13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Former or usual residence 330 Evergreen Ave

Where was disease contracted, if not at place of death?

15 DATE OF DEATH May 8, 1919

(Month)

(Day)

(Year)

16 I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that deceased was admitted to this institution on March 31, 1919, that I last saw him alive on the 8 day of May 1919, that he died on the 8 day of May 1919, about 6-15 o'clock A. M. or P. M., and that I am unable to state definitely the cause of death; the diagnosis during his last illness was:

Diabetes Mellitus

duration yrs. mos. ds.

Contributory (Secondary) gangrene of foot, disarticulation of knee joint

duration yrs. mos. ds.

Witness my hand this 9th day of May 1919Signature John F. Slack M.D.House Buizen

17 I hereby certify that I have this 11th day of May 1919, performed an autopsy upon the body of said deceased, and that the cause of his death was as follows:

Signature _____ M. D.

Pathologist _____ Hospital _____

FILED

18 PLACE OF BURIAL Lutheran CemeteryDATE OF BURIAL May 11, 191919 UNDERTAKER George EngleADDRESS 113 Evergreen Ave

MAY 9 - 1919