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

Do not use this space.

39070

1. PLACE OF DEATH
County: Saline
Township:
City: Marshall (No. ..... St. ..... Ward)
Registration District No. 796
Primary Registration District No. 3038
File No.
Registered No. 179

2. FULL NAME: Margaret Hamilton 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.

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.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 10 1849

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	2	19	

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Winchester
(STATE OR COUNTRY): Ill.

PARENTS
10. NAME OF FATHER: Richard L. Hamilton
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Martha Taylor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ill.

14. INFORMANT: Mrs Virgil V. Huff
(Address): Marshall Mo.

15. FILED 12-4 1928 Mrs John H. McGuire
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1926, to Nov 29, 1928, that I last saw her alive on Nov 27, 1928, and that death occurred, on the date stated above, at 6.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemiplegia
CVD
97
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
(duration) ? yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

O DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) D. F. Manning, M. D
11/30, 1928 (Address) Marshall, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ridge Park cem
DATE OF BURIAL: Dec 1 1928

20. UNDERTAKER: L. R. Gardiner
ADDRESS: Marshall Mo.