

MAY 28 1930

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

Do not use this space.

13815

1. PLACE OF DEATH

County St. Louis  
Township St. Ferdinand  
City St. Ferdinand

Registration District No. 784  
Primary Registration District No. 6930  
(No. 214 Seanie Drive)

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

2. FULL NAME

Margaret Hampton

(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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
84 unknown

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work at Home  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

10. NAME OF FATHER Daniel Buckley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT (Address) Joseph Hummel 214 Seanie Drive

15. FILED 5/7/30 O. N. Schulte M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 1930

17. I HEREBY CERTIFY, That I attended deceased from April 7, 1930, to April 11, 1930 that I last saw her alive on April 11, 1930 and that death occurred, on the date stated above, at 3:50 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia

108 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) not known (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? at place of death  
IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs.  
(Signed) H. F. Miller, M. D.

4/11 1930 (Address) 8407 Broadway

\*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 balcony DATE OF BURIAL 4-14 1930

20. UNDERTAKER Arthur J. Donnelly 2039 Wash St ADDRESS

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.

Dr Miller  
8410 N Broadway