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

Do not use this space.

40363

File No.

Registered No.

1. PLACE OF DEATH: County Lewis — Registration District No. 681 — Primary Registration District No. 4405
Township ——— City Canada (No. ——— St. ——— Ward)

2. FULL NAME Mary E Hershbaugh

(a) Residence. No. ——— St. ——— Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: Taylor Hershbaugh Dec'd

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 21 - 1869

7. AGE — Years	Months	Days	If LESS than 1 day, ——hrs. or ——min.
61	6	26	

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) Pike Co Mo

PARENTS

10. NAME OF FATHER W. E. Campbell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ———
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Lucinda Lovelady
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ———
(STATE OR COUNTRY) Virginia

14. INFORMANT Mrs J A Campbell
(Address) Canada Mo

15. FILED Dec 19 1930 W. A. Henderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 3 1930, to Dec 17 1930, that I last saw h— alive on Dec 14 1930, and that death occurred, on the date stated above, at 12:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tumors of Pancreas + Uterus? Probably Malignant
(duration) 2 yrs. ——— mos. ——— ds.

CONTRIBUTORY (SECONDARY) 48
(duration) ——— yrs. 468 mos. ——— ds.

18. WHERE WAS DISEASE CONTRACTED? ———
IF NOT AT PLACE OF DEATH? ———
DID AN OPERATION PRECEDE DEATH? no DATE OF ———
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical diagnosis
(Signed) Chas L Bankhead, M. D
, 19 (Address) Poynorville 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	DATE OF BURIAL
Clarksville Mo	12-19 1930

20. UNDERTAKER L H Brown — ADDRESS Clarksville

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.