

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH

County Marion Registration District No. 547
 Township Marion Primary Registration District No. 80 79
 City Hannibal (No. 306 Center St) St. _____ Ward _____

File No. 25491
 Registered No. 275

2. FULL NAME Hannah Campbell

(a) Residence, No. 306 Center 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10, 1842</u>		
7. AGE	YEARS <u>92</u>	MONTHS <u>2</u>
	DAYS <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	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) <u>Unknown</u>		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT <u>Mrs Frank Hill</u> (ADDRESS) <u>306 Center St, Hannibal Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Mary Cem</u> DATE <u>7/24/34</u>		
19. UNDERTAKER <u>James O'Connell</u> (ADDRESS) <u>Hannibal Mo</u>		
20. FILED <u>July 27 1934</u> <u>R. H. Schick</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22nd - 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1934, to July 22, 1934
 I last saw h. alive on July 22, 1934 Death is said to have occurred on the date stated above, at 10:30 P.
 The principal cause of death and related causes of importance were as follows:
Pneumonia with uremic convulsions Date of onset July 21, 1934
131 92 C 137 A
 Other contributory causes of importance:
Chronic Myocarditis
Chronic Nephritis

Name of operation None Date of _____
 What test confirmed diagnosis? Chin 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? _____
 If so, specify _____
 (Signed) B. L. Murphy, M. D.
 (Address) 201 Broadway
Hannibal

