

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..... Registration District No. **791**  
 Townshp..... Primary Registration District No. **1008**  
 City **St. Louis, Mo.** (No. **Josephine Hospital**) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. **45255**  
 Registered No. **12415**

**2. FULL NAME**

(a) Residence, No. **3967 Glad Ave** St. **17** 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 <b>Female</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>William C Campbell</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Oct 23<sup>rd</sup> 1855</b>		
7. AGE	YEARS	MONTHS
	<b>79</b>	<b>2</b>
		DAYS
		<b>7</b>
		If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<b>Housework</b>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<b>at home</b>
	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)	<b>St. Louis Missouri</b>	
FATHER	13. NAME	<b>Richard Hillon</b>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<b>Dublin Ireland</b>
MOTHER	15. MAIDEN NAME	<b>Mary M. Donald</b>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<b>St. Louis Missouri</b>
17. INFORMANT (ADDRESS)	<b>Bernadette Campbell 3967 Glad Avenue</b>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<b>Cahany</b>	DATE <b>June 2<sup>nd</sup> 1935</b>
19. UNDERTAKER (ADDRESS)	<b>Wm. Robert R. &amp; Co. 11905 S. Grand Blvd</b>	
20. FILED	<b>31</b>	<b>12-30-19</b>

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 30 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 26 1934** to **Dec 30 1934**  
 I last saw h<sup>is</sup> alive on **Dec 29 1934**. Death is said to have occurred on the date stated above, at **S. A. M.**  
 The principal cause of death and related causes of importance were as follows:  
**Lobar pneumonia** Date of onset **Dec 25**  
**108**  
**108**  
 Other contributory causes of importance:  
**Paralysis agitans - Many years**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? **No**  
 If so, specify \_\_\_\_\_  
 (Signed) **H. E. Thompson**, M. D.  
 (Address) **2603 Huntington St.**

