

JAN 16 1940

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

44016
Do not use this space.

1. PLACE OF DEATH

(a) County Marion ³ Registration District No. 547
 (b) Township Wason ¹ Primary Registration District No. 3029 Registered No. 329
 (c) City Hannibal (d) Street No. 501 a Lyon St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Minnie Campbell Tomlinson

(a) Residence, No. 1209 Market St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Herbert Tomlinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 27, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 9 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Missouri

FATHER 13. NAME Edward Carrington Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Jane Patrick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Miss Elinore Tomlinson
 (ADDRESS) Fort Lauderdale Fla.

18. BURIAL, CREMATION, OR REMOVAL buried
 PLACE Mt. Olivet 12/5/39

19. FUNERAL DIRECTOR (NAME) Smiths' Funeral Home
 (ADDRESS) Hannibal Missouri

20. FILED see 5 19 39 H. C. Fisher
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/4/39 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1939, to Dec 4, 1939.
 I last saw her alive on Dec 4, 1939. Death is said

to have occurred on the date stated above, at 12:30
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Date of onset 11-16-39
hypertensive changes
of coronary arteries

Other contributory causes of importance:
age & general debility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. P. Birney, M. D.

(Address) Hannibal Mo

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

MARGIN RESERVED FOR BINDING

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
..... J. J. Marsh L. E. 3932, Registered Apprentice No.....
working under my personal supervision.

Signed *Crawford Smith*
Licensed Embalmer No..... 3814

P. O. Address Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.