

MARGIN RESERVED FOR BINDING

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

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. See instructions on back of certificate.

1 PLACE OF DEATH
County Allegheny

15458 STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 7

Village or City Buton Md (No. 99-a) Latrabe St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James Campbell Sr.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH July 3, 1844
(Month) (Day) (Year)

7 AGE 86 yrs. 5 mos. 14 ds. or min.?
If LESS than 1 day hrs.

8 OCCUPATION
(a) Trade, profession or particular kind of work Government Employee
(b) General nature of industry, business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) Scotland

10 NAME OF FATHER Robert Campbell

11 BIRTHPLACE OF FATHER (State or country) Scotland

12 MAIDEN NAME OF MOTHER Jean Hillworth

13 BIRTHPLACE OF MOTHER (State or Country) Scotland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Campbell Jr
(Address) Westernport Md

15 Filed Dec 18 1930 S. A. Boncher
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 17, 1930
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from December 1930 to December 17, 1930

that I last saw him alive on Dec 16, 1930, and that death occurred on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH * was as follows:
Hypostatic congestion of lungs and Bronchitis

(Duration) yrs. mos. 12 ds.
Contributory
Secondary Small detritus
(Duration) yrs. mos. ds.

(Signed) J. H. Kallburg M. D.
Dec 17 1930. (Address) Piquette Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Laurel Hill Masonic DATE OF BURIAL Dec 19, 1930

20 UNDERTAKER David S. Boak ADDRESS Buton Md