

STATE OF NEW JERSEY.
CERTIFICATE OF DEATH.

SEE PENALTY FOR NON-REPORT.

C 172

1. Full name of deceased..... Hugh Campbell
(If an infant not named, so state, and give sex.)
2. Age..... 34 years..... months..... Color White
3. Single, ~~married~~, ~~widow~~ or ~~widower~~. {Cross out all but the right one.} Occupation..... Rule-maker
4. Birthplace..... Ireland (State or county. If of foreign birth, give how long in United States.)
5. Last place of residence..... Elizabeth N.J. (If a city, give name; if not, give county and township.)
6. How long resident in this State..... 30 yrs
7. Place of death..... North ave
(If in a city, give name, and street and number; if in township, give name and county; if in an institution, so state.)
8. Father's name..... Patrick Campbell Country of birth..... Ireland
9. Mother's name..... Mary " Country of birth.....
10. I hereby certify that I attended..... Hugh Campbell
during the last illness, and that he died on the..... 1 day of..... March..... 1881; and
that the cause of death was..... Phthisis Pulmonaris

Requested, but Optional.

- a. Primary disease..... Length of sickness..... About 2 Years
- b. Secondary disease, (how long)..... Phthisis Pulm.
Medical Attendant.....
- c. Remarks..... Residence..... Elizabeth N.J.
- Date..... March 1st 1881

Name and residence of Undertaker..... E. E. Slaves

Place of Burial..... St. Peter's Church