

County Catawba

TRANSCRIPT OF CERTIFICATE OF DEATH

Township _____

Village Vermontville

Registered No. 8

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma J. Smith

(a) Residence No. _____ St., Ward _____
(Usual place of abode.) (If non-resident give city or town and State.)

Length of residence in city or town where death occurred 3 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced Married
(write the word.)

16 DATE OF DEATH 5-28 1931
(Month, day and year)

5a If married, widowed, or divorced Married
HUSBAND of Rodney
(or) WIFE of _____

17 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1928, to May 28, 1931 that I last saw her alive on May 27, 1931 and that death occurred on the date stated above at 3 P.M.

6 DATE OF BIRTH 1860-10-14
(Month, day and year.)

The CAUSE OF DEATH* was as follows:

7 AGE Years 70 Months 7 Days 14
If LESS than 1 day, _____ hrs. OR _____ min.

Arterio Sclerosis
apoplexy
(duration) _____ yrs. _____ mos. 5 ds.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (city or town) Mansfield
(State or country) Ohio

18 Where was disease contracted _____
If not at place of death? _____

10 NAME OF FATHER H. J. Clave

Did an operation precede death? _____ Date of _____

11 BIRTHPLACE OF FATHER (city or town) Ohio
(State or country)

Was there an autopsy? _____

12 MAIDEN NAME OF MOTHER Sarah Dumpeltager

What test confirmed diagnosis? _____
(Signed) E. H. W. & L. M. D.
5-31-1931, Address Vermontville

13 BIRTHPLACE OF MOTHER (city or town) Ohio
(state or country)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

14 Informant my Ed Keith
(Address) Vermontville

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Van Wert Ohio Date of Burial 5/31 1931

15 Filed 5-31, 1931 Ed Keith
Registrar.

2 UNDERTAKER H. W. Hess
Address Nashville Mich

M. 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.