

PLACE OF DEATH

County of Canton

Department of State—Division of Vital Statistics

Township of
or
Village of Vernonville
or

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 1

City of _____ (No. _____ St.; _____ Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Clarissa Cross

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) Jan (Day) 30 (Year) 1837

AGE 74 YEARS, 12 MONTHS, 12 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage _____ years Parent of _____ children, of whom _____ are living

BIRTHPLACE (State or country) Ohio

NAME OF FATHER Leonard Merritt

BIRTHPLACE OF FATHER (State or country) Mass

MAIDEN NAME OF MOTHER Mary East

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Moses Cross

(Address) Vernonville

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Feb (Day) 11 (Year) 1901

I HEREBY CERTIFY, That I attended deceased from Jan 25 1901, to Feb 11 1901, that I saw her alive on Feb 11 1901 and that death occurred, on the date stated above, at 3 P

The CAUSE OF DEATH was as follows:
Exhaustion following Chronic Bronchitis

Contributory _____
(Signed) C. L. W. Laughlin
Feb 15 1901 (Address) Vernonville

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
Former or usual residence _____ How long at _____ place of death?
Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Woodlawn DATE OF BURIAL Feb 15 1901

UNDERTAKER C. E. Hammond ADDRESS Vernonville

Filed Feb 15 1901 A TRUE COPY C. E. Allen Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING.
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