Form V. S. No. 11—462M-9-3-08.

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of Greene

Township of Miami — Registration District No. 253 — File No. 2021

or Village of ____ — Primary Registration District No. 3440 — Registered No. 2

or City of ____ (No. ____ St., ____ Ward) (If death occured in a Hospital or institution, give its NAME instead of street and number.)

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.")

FULL NAME Sarah A. Brown

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR OR RACE White

DATE OF BIRTH March 6 1847 (Month) (Day) (Year)

AGE 61 years, 10 months, 1 days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or Foreign Country) Guernsey Co Ohio

OCCUPATION Housekeeper

NAME OF FATHER Benjamin Brown

BIRTHPLACE OF FATHER (State or Foreign Country) Ohio

MAIDEN NAME OF MOTHER Sarah Lair

BIRTHPLACE OF MOTHER (State or Foreign Country) Ohio

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

(Informant) Chas K. Grier

(Address) Wilberforce Ohio

Filed Jan 11 1909

C. A. Bowles Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7 1909 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1 1908 to Jan 7 1909

that I last saw h.sex alive on Dec 27 1908

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Cancer of the liver

Acute Intestinal Mouth (Duration) ____ Days

Contributory ____ (Duration) ____ Days

(Signed) J. S. McCandless M. D.

Jan 10 1909 (Address) Barnesville O

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

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

PLACE OF BURIAL or REMOVAL Fairview — DATE OF BURIAL Jan 8 1909

UNDERTAKER C. M. Auld — ADDRESS Fairview Ohio.

Burial permit issued after funeral on authority of State Registrar

Citation:
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