

PLACE OF DEATH

IOWA STATE BOARD OF HEALTH

County of Putnam

CERTIFICATE OF DEATH

20256

Township of LibertyMo
730
5951Registered No. 74

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

[If death occurred 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 Lucinda Matilda Bagley

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR

White

DATE OF BIRTH

May 29 1899
(Month) (Day) (Year)

AGE

9 1/2 years, _____ months, 25 days

SINGLE, MARRIED, WIDOWED OR DIVORCED

Widow

BIRTHPLACE (State or country)

Amesbury New York

NAME OF FATHER

Samuel Hill

BIRTHPLACE OF FATHER (State or country)

New York

MAIDEN NAME OF MOTHER

Phoebe Marten

BIRTHPLACE OF MOTHER (State or country)

New York

OCCUPATION

Fanner

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

(Informant) Marie G. Howlette(Address) Main St. Wm.June 25 (Over)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

June 23 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

Jan 20 1914 to June 13 1914that I last saw her alive on May 5 1914and that death occurred, on the date stated above, at 7:20

P. M. The CAUSE OF DEATH was as follows:

Chronic Bronchitis106889(DURATION) 153 DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) L. J. Sturdivant M. D.June 24 1914 (Address) Exline St.

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 DATE OF BURIAL

Concord Cem June 25 1914

UNDERTAKER

ADDRESS

Geo L Beard Monitor Iowa

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.

STANDARD CERTIFICATE OF DEATH

No. 19

(Please see that Registered No. is entered on face of certificate.)

Liberty of
Township or City

Pottawamie County

Filed in the office of the local REGISTRAR
OF BIRTHS AND DEATHS

June 25 19*14*

J. E. Latimer
Registrar.

Official Title

SUBREGISTRAR'S INDORSEMENT

This certificate was first filed with me on

19

Subregistrar.

Address

N. B. Subregistrars will not be credited for returns unless this indorsement is properly filled out.

DUTY OF UNDERTAKER.

"The undertaker or person in charge of the funeral of any person dying in Iowa shall cause a certificate of death to be filled out * * * with a statement of the cause of death by the attending physician, or, in his absence, by the health officer or coroner, and shall file it with the local registrar before the body is interred, deposited in a vault or otherwise disposed of, or removed from the township, village or city in which the death occurred."

Chapter 100, Section 3, Laws Thirtieth General Assembly.