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3. SEX <i>Male</i>		4. COLOR OR RACE <i>W.</i>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov-26-1894</i>					
7. AGE <i>87</i>		YEARS <i>5</i>		MONTHS <i>21</i>	
DAYS		If LESS than 1 day, ... hrs. or min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired Blacksmith</i>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>✓</i>					
10. Date deceased last worked at this occupation (month and year) <i>20 years</i>					
11. Total time (years) spent in this occupation <i>time</i>					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ohio</i>					
13. NAME <i>Bonnie Shirley</i>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ohio</i>					
15. MAIDEN NAME <i>Susan Connelley</i>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ohio</i>					
17. INFORMANT (ADDRESS) <i>Mrs. Effie Taylor</i>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Mary's</i> DATE <i>5/18/32</i>					
19. UNDERTAKER (ADDRESS) <i>John F. Phillips</i>					
20. FILED <i>5/17</i> 19 <i>32</i> <i>Hot Ben</i>					

Mar 17 1932

May 12 1934 May 17 1934

I last saw him alive on May 15, 1932 Death is said

to have occurred on the date stated above, at 7:45 m.

The principal cause of death and related causes of importance were as follows:

12/11/2011

1341 bulbs. 1900-1901

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Other contributory causes of importance:

[illegible]

Name of operation _____ Date of _____

Name of Operation: _____ Date of: _____

What test confirmed diagnosis? _____

III. The _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

[illegible]

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify As a

(Signed) Edith C. [Signature] M. D.

admission of the fact that the

Address: Washington, D.C.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. J. H. Crockett.