

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5295

1. PLACE OF DEATH

42 County Henny
6 Township Sequoyia
City Montrose (No. _____)

Registration District No. 312
Primary Registration District No. 4209

File No. _____
Registered No. 4 St. _____ Ward _____

3. FULL NAME Sarah Luella Doward

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

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

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed

17. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1931, to Feb. 4, 1931.
that I last saw h. alive on Feb. 4, 1931, and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29-1850

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 9 25

Influenza
115
(duration) yrs. mos. 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) 115
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) New York

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. no

10. NAME OF FATHER D. Wilson

DID AN OPERATION PRECEDE DEATH. no DATE OF 10

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Languethan

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) J. M. Miller, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York

2/6, 1931 (Address) Montrose Md

14. INFORMANT Mrs G. Schiller
(Address) Montrose

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Montrose DATE OF BURIAL Feb 7 1931

15. FILED Feb 6, 1931 J. M. Miller REGISTRAR

20. UNDERTAKER Wesley Bros ADDRESS Montrose Md

N. 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.

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