

CERT 279

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
AUG 27 1993
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER, DIRECTOR
BUREAU OF VITAL STATISTICS

123

1 PLACE OF DEATH
County Dixon
Township _____
or
Village _____
or
City Ponca (No. _____ St. _____ Ward _____)

Department of Commerce and Labor
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH
State of Nebraska
Registered No. 10058

2 FULL NAME Jane Conrad

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed, or Divorced (Write the word) <u>Widow</u>	16 DATE OF DEATH <u>11</u> (Month) <u>10</u> (Day) 191 <u>5</u> (Year)	
6 DATE OF BIRTH <u>Jan</u> <u>30</u> (Month) (Day) 19 <u>14</u> (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>11-1</u> 191 <u>5</u> to <u>11-10</u> 191 <u>5</u>	
7 AGE <u>74</u> yrs. <u>9</u> mos. <u>20</u> ds.			that I last saw her alive on <u>11-10</u> 191 <u>5</u> and that death occurred, on the date stated above, at _____	
8 OCCUPATION (a) Trade, profession or particular kind of work <u>House Keeper</u> (b) General nature of industry, business or establishment in which employed (or employer)			The CAUSE OF DEATH* was as follows: <u>Apoplexy</u>	
9 BIRTHPLACE (State or country) <u>New York</u>			Contributory (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	10 NAME OF FATHER <u>Thomas Whitlock</u>		(Signed) <u>G. A. Conroy</u> M. D.	
	11 BIRTHPLACE OF FATHER (State or country) <u>New York</u>		<u>11-11</u> 191 <u>5</u> (Address) <u>Ponca</u>	
	12 MAIDEN NAME OF MOTHER _____		* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country) _____			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence _____	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mary Hilber</u> (Address) <u>Ponca, Neb.</u>			19 PLACE OF BURIAL OR REMOVAL <u>Ponca Cemetery</u>	
15 Filed <u>Jan 12 1915</u> <u>G. A. Conroy</u> REGISTRAR			DATE OF BURIAL <u>Nov. 12, 1915</u>	
			20 UNDERTAKER <u>J. A. Mohr</u>	
			ADDRESS <u>Ponca, Neb.</u>	

5787
NJ370