

CERTIFICATE OF DEATH.

DATE OF DEATH

of Faulk
Cottage Grove Cr.

Registered No. 415

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

th occurs away from
AL RESIDENCE
acts called for under
al Information."]

No. (If in country, distance and direction from city.) Street.

FULL NAME Ellen Ashby

PERSONAL AND STATISTICAL PARTICULARS.

Female Color White

Birth Feb 4, 1837

73 years, 11 months, 27 days.

Married, Married
ed, or Divorced

Place of Birth Oswego Co. Ind.

Place of Birth Ind.

Name of Mother Rachel Lemon

Place of Birth Ind.

Occupation House Keeper

above stated personal particulars are true to the
of my knowledge and belief

Witness (Name) Mrs Mary Whitlock

(Address) Cottage Grove Cr.

19011 Registrar.

H-2] [Signature]

MEDICAL CERTIFICATE OF DEATH.

Date of Death Feb 1, 19011

I HEREBY CERTIFY, That I attended deceased from
Jan 20th, 19011, to Feb 1st, 19011

that I last saw her alive on Jan 31st, 19011
and that death occurred, on the date stated above, at 2-11

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

Brain paralysis

(DURATION) _____ days

Contributory _____ days

(Signed) W. E. Schief M. D.

19011 (Address)

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 Cottage Grove Date of Burial Feb. 3 19011

Undertaker Marion Veach Address Cottage Grove

HH 158
NL 24

CERT 376