1953601_01013

Form V. S. No. 11—500M-8-1-09

PLACE OF DEATH.

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County of Geauga

Township of Huntsburg Registration District No. 443 File No. 1527

or

Village of ..... Primary Registration District No. 4668 Registered No. 8

or

City of ..... (No. ..... St., ... Ward) (If death occured 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 Gwendolin Face Ishee

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR OR RACE White

DATE OF BIRTH Mar (Month) 11 (Day) 1913 (Year)

AGE — years, — months, 12 hours ~~days~~.

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or Foreign Country) Huntsburg O.

OCCUPATION

NAME OF FATHER James F. Ishee

BIRTHPLACE OF FATHER (State or Foreign Country) Huntsburg

MAIDEN NAME OF MOTHER Ethel M. Warner

BIRTHPLACE OF MOTHER (State or Foreign Country) Munson O.

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

(Informant) F. S. Clapp M.D.

(Address) Middlefield

Filed 3/13 1913

Jos A. White
Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 12 (Day) 1913 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 11 1913 to Mar 12 1913 that I last saw her alive on Mar 12 1913 and that death occurred, on the date stated above, at 8 A.M. ..... M. The CAUSE OF DEATH was as follows:

Uraemic Convulsions

1510

..... (Duration) ..... Days

Contributory Premature Delivery

..... (Duration) ..... Days

(Signed) F. S. Clapp M.D.

Mar 12 1913 (Address) Middlefield O.

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 Huntsburg | DATE OF BURIAL 3-13 1913

UNDERTAKER | ADDRESS None employed

WRITE PLAINLY. [illegible]

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.