

Form V, S. No. 11-150M-3-4-15

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RETURNED

PLACE OF DEATH

County of Butler

Township of Riley

Village of _____

City of _____

Registration District No. 4211

File No. 69054

Primary Registration District No. _____

Registered No. 10

(No. _____) St. _____

Ward _____

[If death occurred in a hospital or institution, give the NAME instead of street and number.]

FULL NAME

Mary Ellen King

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widow
(Write the word)

DATE OF BIRTH Aug 8th 1839
(Month) (Day) (Year)

AGE 85 yrs. 2 mos. 27 ds. If LESS than 1 day... hrs. or... min.?

OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Riley Twp Ohio

10 NAME OF FATHER Samuel Post

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane Montgomery

13 BIRTHPLACE OF MOTHER (State or country) Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A. King

(Address) Oxford O. PA 5

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 5th 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1917, to Nov 5th, 1917, that I last saw him alive on Nov 4, 1917, and that death occurred, on the date stated above, at 10 a.m.
The CAUSE OF DEATH^a was as follows:

Paralysis of Right Side
(Duration) yrs. mos. ds.

Contributory (SECONDARY) Sclerely
(Duration) yrs. mos. ds.

(Signed) R. N. Smith M. D. Nov 5th 1917 (Address) Oxford Ohio

^aState the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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 _____

19 PLACE OF BURIAL OR REMOVAL Springdale Riley O. DATE OF BURIAL Nov 7th 1917

20 UNDERTAKER _____ ADDRESS _____

perly classified. Exact certificate.

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DC #1