

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Delaware Registration District No. 100 File No. 66996
Township Richland Primary Registration District No. 4160 Registered No. 114
of Village McClainville No. _____ St. _____ Ward _____
or City of _____ (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Sarah Ellen Lucas
(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

3 SEX Female 4 COLOR OR RACE white 5 Single, Married, Widowed or Divorced (write the word) Married
6a If married, widowed or divorced HUSBAND of (or) WIFE of David E. Lucas
6 DATE OF BIRTH (month, day, and year) March 29, 1862
7 AGE Years 57 Months 8 Days 15 If LESS than 1 day _____ hrs. or _____ min.
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) House Work
(c) Name of employer _____
9 BIRTHPLACE (city or town) (State or country) Delaware Co, Ohio
10 NAME OF FATHER Not known
11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known
12 MAIDEN NAME OF MOTHER Eliza Patten
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant D. E. Lucas (Address) Ney, Ohio
15 Filed 12-8-19 by A. M. Bellard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 4 1919
17 I HEREBY CERTIFY, that I attended deceased from Sept 6 1919 to Dec 4 1919 that I first saw him alive on Nov 29 1919 and that death occurred, on the date stated above, at _____ The CAUSE OF DEATH* was as follows: Organic Heart Disease
_____ (duration) yrs. mos. ds.
CONTRIBUTORY Dropsey (secondary) (duration) yrs. mos. ds.
18 Where was disease contracted _____ if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) J. A. Fritz M. D. Dec 7, 1919 (Address) Bellaire, Ohio
*State the DISEASE CAUSING DEATH, or its death from VIOLENT CAUSES, state: (1) MEANS AND NATURE of Injury, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)
19 PLACE OF BURIAL, CREMATION, OR REMOVAL Alexander Cemetery, Ohio DATE OF BURIAL Dec 8, 1919
20 UNDERTAKER, License No. Geo. W. Myers ADDRESS Bellaire, Ohio

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