

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 PLACE OF DEATH (Dist. No. 3501-91)
(To be inserted by local Registrar)

Series No. 694

Division of Vital Statistics

County Ohio

West Virginia State Department of Health

District _____

CERTIFICATE OF DEATH

11188

or
Town or City Wheeling

No. Wheeling Hospital

(For State Reg. use only)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lucy Belle McKeen

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED. Widowed
(Write the word)

6 DATE OF BIRTH Sept 30 1865
(Month) (Day) (Year)

7 AGE 57 yrs 10 mos 22 ds. IF LESS than 1 day, ____ hrs or ____ min.

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

9 BIRTHPLACE (State or country) Belmont Ohio

10 NAME OF FATHER Andrew Patton

11 BIRTHPLACE OF FATHER (State or country) Ohio

12 MAIDEN NAME OF MOTHER Corina Elizabeth Patton

13 BIRTHPLACE OF MOTHER (State or country) Belmont Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Registrar) Bernard McKeen
(Address) 140-12 St

15 Filed Sept. 9 1922 by W.H. McLain REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 7 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 20 1922 to Sept 7 1922 that I last saw her alive on Sept 7 1922 and that death occurred, on the date stated above, at 130 pm

The CAUSE OF DEATH was as follows:
(Primary) Carcinoma Stomach
40 ? several months
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia
yrs. mos. ds. 3

(Signed) Eduard Kaufman M. D.
Sept 8 1922 (Address) 156-14 St

NOTE: State the DURATION CAUSE OF DEATH. In deaths from VIOLENT CAUSES, State MEANS OF INJURY; and whether ACCIDENTAL, HOMICIDAL, or SUICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?
Former or usual residence 140-12th St. Wgh. W. Va.

19 PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL Wagoner Ohio Sept 9 1922

20 UNDERTAKER G.H. Hunderberger
ADDRESS City