

Sarah Ellen Gatten Lucas Death Cert 1919

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. 41600 Registered No. 114
or Village McChesnut No. _____ St. _____ Ward _____
(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				MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed, or Divorced (write the word) <u>Married</u>		16. DATE OF DEATH (month, day and year) <u>Dec 4 1919</u>	
17 I HEREBY CERTIFY, That I attended deceased from <u>Sept 6 1919</u> to <u>Dec 4 1919</u> that I last saw him alive on <u>Nov 27 1919</u> and that death occurred on the date stated above, at _____				The CAUSE OF DEATH* was as follows: <u>Organic Heart Disease</u>	
18 Where was disease contracted if not at place of death? Did an operation precede death? _____ Date of _____ Was there an autopsy? _____				CONTRIBUTORY (SECONDARY) <u>Dropsy</u> (duration) yrs. mos. ds.	
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>House Work</u> (c) Name of employer _____				19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Alexander Cemetery, Ohio</u> DATE OF BURIAL <u>Dec 8 1919</u>	
9 BIRTHPLACE (city or town) (State or country) <u>Delaware Co, Ohio</u>				20 UNDERTAKER, Licensee No. _____ ADDRESS <u>Bellaire</u>	
10 NAME OF FATHER <u>Not Known</u>				*State the DISEASE CAUSING DEATH; or in deaths from Violent Causes, state: (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, Suicidal, or Homicidal. (See reverse side for additional space).	
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Not Known</u>				What test confirmed diagnosis? (Signed) <u>J. A. Zwick, M.D.</u> <u>Dec 7 1919</u> (Address) <u>Richland</u>	
12 MAIDEN NAME OF MOTHER <u>Olga Gatten</u>				14 Informant <u>D. E. Taylor</u> (Address) <u>Nipps, Ohio</u>	
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Ohio</u>				15 Filed <u>12 8 1919</u> <u>A. M. Brown</u> REGISTRAR	

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.