

809  
DEATH



SEP - 8 1920

I HEREBY CERTIFY THAT THIS CERTIFICATE IS AN EXACT COPY OF THE ORIGINAL CERTIFICATE WHICH IS REGISTERED AND PRESERVED IN THE DIVISION OF VITAL STATISTICS OF THE OHIO DEPARTMENT OF HEALTH. WITNESS MY SIGNATURE AND THE SEAL OF THE DEPARTMENT.

*John H. Cooney*

DIVISION OF VITAL STATISTICS

STATE OF OHIO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Hancock Registration District No. 523 File No. 26815  
Township Pleasant Primary Registration District No. 4771 Registered No. 123  
or Village \_\_\_\_\_ 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 Bond APR 1920  
(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 Female 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Married  
5a If married, widowed or divorced HUSBAND of (or) WIFE of Aaron Bond

16 DATE OF DEATH (month, day and year) Mch. 11 1920

6 DATE OF BIRTH (month, day, and year) April 3-1851  
7 AGE ^ Years Months Days If LESS than 1 day. hrs. or min.  
68 11 8

17 I HEREBY CERTIFY, That I attended deceased from Mar 1 1920, to Mar 5 1920, that I last saw her alive on Mar 5 1920, and that death occurred, on the date stated above, at 4 P. m.  
The CAUSE OF DEATH\* was as follows: Chronic Brights Disease

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) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

(duration) 3 yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.  
18 Where was disease contracted if not at place of death? \_\_\_\_\_  
Did an operation precede death? no Date of \_\_\_\_\_  
Was there an autopsy? no  
What test confirmed diagnosis? \_\_\_\_\_

9 BIRTHPLACE (city or town) Hancock Co.,  
(State or country) Ohio

(Signed) C. D. Ford, M. D.  
Mar 13 1920 (Address) McCumb Co.  
\*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.)

10 NAME OF FATHER Peter Feters  
11 BIRTHPLACE OF FATHER (city or town) Pennsylvania  
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Philips  
13 BIRTHPLACE OF MOTHER (city or town) Pennsylvania  
(State or country)

14 Informant Aaron Bond  
(Address) Pleasant Tp. Ohio

19 PLACE OF BURIAL, CREMATION, OR REMOVAL McCumb Cemetery DATE OF BURIAL Mch. 13 1920

15 Filed 5/6 1920 H. H. Baker REGISTRAR

20 UNDERTAKER, License No. 891 ADDRESS John D. Reishler Findlay O