A-19638

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Social Security No. ____ VOL. 267 PAGE ____

1 PLACE OF DEATH
County ... Knox
Township ...
or Village ...
or City of ... Mt Vernon C
Registration District No. 675 File No. 219
Primary Registration District No. 8288 Registered No. ____
No. Mt Vernon Hosp. St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
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.
Did Deceased Serve in U. S. Navy or Army ...

2 FULL NAME Mae Estella Lewis
(a) Residence. No. Fredericktown C St., Ward ... (If nonresident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR or RACE: W
5. SINGLE, MARRIED, Widowed or Divorced: Married
5a. If Married, Widowed, or Divorced — Husband of (or) Wife of: Benjamin H Lewis
6. DATE OF BIRTH (month, day, and year): 9/22 1879
7. AGE (years): 68 | Months: 11 | Days: 11 | If LESS than 1 day or ... min. ... hrs.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...
10. Date deceased last worked at this occupation (month and year): ...
11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Cincinnati O

FATHER
13. NAME: James B Parker
14. BIRTHPLACE (city or town) (State or country): Covington Ky

MOTHER
15. MAIDEN NAME: Elizabeth Perkins
16. BIRTHPLACE (city or town) (State or country): Cincinnati O

17. The Signature of INFORMANT and (Address): B R Lewis 207 N Mulberry Mt Vernon O
18. BURIAL, CREMATION, OR REMOVAL — Place: Fredericktown Date: 9/14 1946
19. FUNERAL FIRM: ...
19a. BURIED BY: Earl O Bryan — Lic. No. 1866
Address: Mt Vernon O
19b. EMBALMER: Chas Bryan — Lic. No. 2600
20. FILED 9/16 1946 — ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 9/13 1946
22. I HEREBY CERTIFY, That I attended deceased from 12/20 1945 to 9/13 1946
I last saw h-- alive on 9/13 1946
to have occurred on the date stated above at ... M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

	Date of onset
Uremia	1 mo
Arteriosclerosis	

CONTRIBUTORY CAUSES of importance not related to principal cause:
Acute Cholecystitis with abscess

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...
24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...
(Signed) R D Lind M. D.
Date 9/14 1946 Address Mt Vernon O

PHYSICIAN'S 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 OREGON,
County of Klamath
Filed for record at request of
Klamath County Title Co.
on this 23rd day of May A.D. 19 69
at 3:19 o'clock P. M., and duly
recorded in Vol. M-69 of Deeds
page 3889.
Wm D. MILNE, County Clerk
By Marlene K. Dorsteman Deputy
Fee $1.50

Return to
Bruce Owens Realtor
520 Klamath Avenue
Klamath Falls, Oregon
97601

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