

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A VITAL RECORD. PHYSICIANS of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Harrison Registration District No. 157 File No. 36
 Township Short Creek Primary Registration District No. 481 Registered No. 45260
 or Village _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 or City of _____ Did Deceased Serve in U. S. Navy or Army _____
 2 FULL NAME Angelina Henderson
 (a) Residence No. Adena Ohio St. _____ Ward _____
 (Usual place of abode) (If convenient 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 F 4 COLOR OR RACE W 5 Single, Married, Widowed or Divorced (write the word) Widow

6a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) March 16, 1830

7 AGE Years 94 Months 5 Days 9
 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) _____
 (c) Name of employer _____

9 BIRTHPLACE (city or town) New Athens Ohio
 (State or country)

10 NAME OF FATHER John Robinson

11 BIRTHPLACE OF FATHER (city or town) Don't know
 (State or country)

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) Don't know
 (State or country)

14 Informant Harry Henderson
 (Address) Adena Ohio

15 File Aug 27, 1924 Lena Seibert
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug 25 1924

17 I HEREBY CERTIFY, that I attended deceased from August 22, 1924 to August 25, 1924 that I last saw her alive on August 22, 1924 and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:
arteriosclerosis

CONTRIBUTORY (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) Ellis D. Mackey M. D.
Aug 26, 1924 (Address) Adena Ohio

*State the DISEASE CAUSING DEATH, or its death from VIOLENT CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDE, or HOMICIDE. (Use reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL New Athens Ohio DATE OF BURIAL Aug 27 1924

20 UNDERTAKER, License No. 1490 A ADDRESS O. C. Hargraves Adena Ohio