

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of Allen
Township of Sharon Registration District No. 17 File No. 20024
or
Village of _____ Primary Registration District No. 4634 Registered No. 238
or
City of _____ (No. _____ St., _____ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Rebecca Cary

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 MARRIAGE STATUS Widow
(Write the word)

6 DATE OF BIRTH Aug 5 1843
(Month) (Day) (Year)

7 AGE 74 yrs. 8 mos. 22 ds. If LESS than 1 day, _____ hrs. or _____ min?

8 OCCUPATION none
(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) Ohio

10 NAME OF FATHER Abraham Whyman

11 BIRTHPLACE OF FATHER (State or country) England

12 MAIDEN NAME OF MOTHER Mary Withgins

13 BIRTHPLACE OF MOTHER (State or country) Ohio

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 27 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 20, 1917, to Apr 27, 1917, that I last saw him alive on Apr 26, 1917, and that death occurred, on the date stated above, at 4/26 am.
The CAUSE OF DEATH* was as follows:
Acute nephritis
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. P. Davis M. D.
1917 (Address) Lima, Ohio

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, If not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Sharon Cemetery DATE OF BURIAL 4 27 1917

20 UNDERTAKER Williams & Davis ADDRESS Lima, Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) David Cary
(Address) Sharon Twp

15 Apr 28, 1917 M. L. Lash
Filed _____ Registrar

CIVILIAN 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.