

Form V. S. No. 11-2820-3-14-18

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1918

County of Jackson Registration District No. 643 FDe No. 35

Township of _____ Primary Registration District No. 8269 Registered No. 36

Village of _____ City of Jackson (No. _____) St. _____ Ward _____

FULL NAME Bertha Ervin

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 2 COLOR OR RACE White 3 MARRIAGE HISTORY Married

4 DATE OF BIRTH Nov 3 1887

5 AGE 31 yrs 4 mos 20 ds

6 OCCUPATION Housewife

7 BIRTHPLACE Gallia co

8 NAME OF FATHER James Bourwood

9 BIRTHPLACE OF FATHER Gallia co

10 MOTHER NAME OF MOTHER Esther Shields

11 BIRTHPLACE OF MOTHER Gallia co

12 THE ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE

13 J. N. Ervin Registrar

14 Mar 27 1917 W. A. Ransom Registrar

MEDICAL CERTIFICATE OF DEATH

1 DATE OF DEATH March 23 1917

2 I HEREBY CERTIFY, That I attended deceased from Feb 10 1917 to March 23 1917 that I last saw her alive on March 23 1917 and that death occurred, on the date stated above, at 4.5 p.m.

3 THE CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

4 LENGTH OF RESIDENCE (For Hospitals, Institutions, Prisons, or Other Residence) _____

5 PLACE OF DEATH _____

6 WHERE DISEASE CONTRACTED _____

7 PLACE OF BURIAL OR REMOVAL _____

8 DATE OF BURIAL _____

9 UNDERTAKE _____

10 ADDRESS _____

*State the Disease Causing Death or, if death from VIOLENT CAUSE, state (1) MEANS OF INJURY; and (2) whether ADMITTED TO HOSPITAL OR INSTITUTION.