

## 1. PLACE OF DEATH

County MuhlenbergVot. Pct. Court HouseIno. Town GreenhillCERTIFICATE OF DEATH 1093Registration District No. 1883Primary Registration District No. 6830

File No.

Registered No.

City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Millie J. McDonald(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

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) widowed

6a. If married, widowed, or divorced HUSBAND or (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH Oct 19 18607. AGE Years Months Days If LESS than 1 day ..... hrs. or ..... min.  
74 2 108. 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, sawmill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_12. BIRTHPLACE Muhlenberg Co13. NAME Salesword Hoffinger14. BIRTHPLACE Ty.15. MAIDEN NAME Mary E. Straud16. BIRTHPLACE Ty.17. INFORMANT: W. H. McDonald(Address) Warren Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place Greenhill Date 12-28 193419. UNDERTAKER M. B. McDonald & Co.(Address) Greenhill Ty.20. FILED 12-31 1934 S. R. P. County

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 25<sup>th</sup> 193422. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to Dec 25, 1934  
(last saw him alive on Dec 25, 1934, death is said to have occurred on the date stated above, at 5:00 p. m. The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Chronic Myocarditis 1930

Contributory causes of importance not related to principal cause:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no23. 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? no If so, specify ✓(Signed) Charles Wilson M. D.  
(Address) Greenhill, Ty.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS 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.