

1 PLACE OF DEATH

County Washington
 Vol. No. 11146
 Inc. Town.....
 City..... (No.....St.,.....Ward)

DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH
 Registration District No. 2136
 Primary Registration District No.....

9091

File No.....
 Registered No.....

(If death occurred in a hospital or sanatorium give the name, location of street and building.)

3 FULL NAME Cora Soretha M^{rs} Feely

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
4 DATE OF BIRTH <u>3-15-1917</u> (Month) (Day) (Year)		
7 AGE <u>Operative</u> yrs. mos. <u>1</u> day... hrs. or... min.?		
8 OCCUPATION (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business or establishment in which employed (or employer).....		

STILLBORN

PARENTS	9 BIRTHPLACE (State or country) <u>Washington Co</u>
	10 NAME OF FATHER <u>See M^{rs} Feely</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Washington Co</u>
	12 MAIDEN NAME OF MOTHER <u>Pearl Russell</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Butler Co</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant)..... J. H. Feely
 (Address)..... Central City

15 Filed..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH
3-15-1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 3-15-1917, to 3-16-1917, that I last saw him..... alive on..... 191..... and that death occurred on the date stated above at..... m. The CAUSE OF DEATH* was as follows:
Born Dead
 (Duration)..... yrs..... mos..... ds.

Contributory (SECONDARY)..... (Duration)..... yrs..... mos..... ds.
 (Signed)..... J. H. Feely, M. D.
3-15-1917 (Address)..... Central City

*State the DISEASE CAUSE 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. State..... yrs..... mos..... ds.
 In the Where was disease contracted; if not at place of death?.....
 Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL 191.....
20 UNDERTAKER	ADDRESS

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