

1 PLACE OF DEATH  
County Hamilton Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 494 Registered No. 2873  
or Village \_\_\_\_\_ No. \_\_\_\_\_ Christian P. Holmes, M.D. Ward \_\_\_\_\_  
or City of Mississauga (If death occurred in a hospital or institution, give the name, street, and number)  
Length of residence in city or town where death occurred \_\_\_\_\_ New born in U. S. If of foreign birth \_\_\_\_\_  
Did Deceased Serve in \_\_\_\_\_  
U. S. Navy or Army \_\_\_\_\_

2 FULL NAME Lillie Merle Rowitt  
(a) Residence No. P. O. Box 78 Wood Hamilton, Ohio  
(Usual place of abode) (If deceased, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

1. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, Widowed or Divorced Married

6. DATE OF BIRTH (month, day, and year) 1913  
7. AGE (years) Months 30 Days 24 (If less than 1 day, specify)

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Salt Lick, Ky. (State or country) \_\_\_\_\_

13. NAME Wm. Davis

14. BIRTHPLACE (city or town) Salt Lick, Ky. (State or country) \_\_\_\_\_

15. MAIDEN NAME Fannie Sorell

16. BIRTHPLACE (city or town) Salt Lick, Ky. (State or country) \_\_\_\_\_

17. The Signature of Informant Lillie Rowitt and (Address) Hamilton, Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Hamilton, Ohio Date 5-18-1943

19. FUNERAL HOME Woods Funeral Home

19a. BURIED BY \_\_\_\_\_ Lic. No. \_\_\_\_\_  
Address \_\_\_\_\_

19b. EMBALMER Woods Funeral Home Lic. No. \_\_\_\_\_

19c. FILED MAY 17 1943 Registrar \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) 5/13, 1943

22. I HEREBY CERTIFY, That I attended deceased from 5/15, 1943 to 5/13, 1943  
I last saw her alive on 5/13, 1943, death is said to have occurred on the date stated above at 4:35 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Myocardial Infarction  
Coronary atherosclerosis  
Arteriosclerosis  
Hypertension

CONTRIBUTORY CAUSES of importance not related to principal cause: \_\_\_\_\_

Name of operation None Date of 5/13/43  
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. 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) John P. Holmes, M.D. Date 5/13, 1943 Address Hamilton, Ohio

57E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.  
 V.B.11

57E