

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.
County of BUTLER
Township of Lawrence Registration District No. 131 File No. 58888
or
Village of _____ Primary Registration District No. 8053 Registered No. 216
or
City of MIDDLETOWN (No. St. Augustine St., _____ Ward) If death occurred in a hospital or institution, give its NAME instead of street and number.
FULL NAME Anna Cash

PERSONAL AND STATISTICAL PARTICULARS

1 SEX F 2 COLOR OR RACE Wh 3 SINGLE MARRIED WIDOWED OR DIVORCED (If wife the word) Married

4 DATE OF BIRTH Aug 3 1864
(Month) (Day) (Year)

5 AGE 50 yrs 3 mos 3 ds. If LESS than 1 day, hrs. or min.?

6 OCCUPATION (a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) 1750

7 BIRTHPLACE (State or country) N.Y.

8 NAME OF FATHER John Hugoman

9 BIRTHPLACE OF FATHER (State or country) N.Y.

10 MAIDEN NAME OF MOTHER Ella Hugoman

11 BIRTHPLACE OF MOTHER (State or country) N.Y.

12 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) James Seal
(Address) Middletown

13 Filed Nov 7 1914 G. O. Thomas Registrar

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH Nov 6 1914
(Month) (Day) (Year)

15 I HEREBY CERTIFY, That I attended deceased from _____ 191____ to _____ 191____ that I last saw h_____ alive on _____ 191____ and that death occurred, on the date stated above, at _____

16 THE CAUSE OF DEATH was as follows:
Fractured femur, fractured radius from fall from platform balcony by said party, coming out of sleeping car.
(Duration) 1 yrs 0 mos 0 ds.

17 Contributory (Secondary) _____ (Duration) _____ mos _____ ds.

(Signed) Henry Strong M. D. (Address) Hamilton

*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.

19 Where was disease contracted, if not at place of death? Former or usual residence _____

20 PLACE OF BURIAL OR REMOVAL Middletown, Ky. DATE OF BURIAL Nov 9 1914

21 UNDERTAKER A. J. Nelson ADDRESS Low Middletown

statement of OCCUPATION is very important. See instructions on back of certificate.